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Editorial

In the current issue of this Journal, considerable space has been devoted to the social aspects of Mental Health Work. It has now become evident that the opportunities offered by the disturbed social conditions of wartime have been by no means neglected in improving our experience on this social side. Advances in the social aspects of psychiatry have been in their own way quite as striking as other and more publicized advances in special technique, such as shock therapy, group therapy, narco-analysis, and in the general handling of acute psychiatric illness. The experiences of a military social worker recorded in this issue, indicate something of what can be done even with the limited opportunities for social work existing in a military hospital where patients are separated from their homes, and even by a worker who at the time in question was relatively inexperienced in handling mental health problems.

The field of work described by her, gives added point to the emphasis on the social aspects of a psychiatric service in our second article on "Some Lessons of Wartime Psychiatry". This article deals in a general way with future possibilities without attempting to lay down exactly how they can be brought into practical effect. It indicates the scope which a properly balanced psychiatric service should occupy in the social sphere as well as in the more strictly medical field. With the introduction of a National Health Service we are presented with the greatest opportunity in history of a practical contribution to the improvement of mental health, and it is clear that the main sphere of operation must be in the home and amongst people engaged in their everyday jobs.

It is up to us to see that the future service is so designed as to hold the confidence of ordinary men and women in their homes and is not regarded merely as a service organized by the doctors for the benefit of those who are mentally unbalanced. The time has come for psychiatry to develop a message suitable for the ordinary usages of everyday life.

Social Work in a Military Hospital

By SUBALTERN B. GAUTREY, A.T.S.

Military Social Worker

In August, 1944, the Army Department of Psychiatry decided to train selected A.T.S. Officers as Military Social Workers in various psychiatric hospitals. The following is a brief survey of the work done since that time till March, 1946, in the largest military hospital dealing with psychoneurotic cases.

The range of cases dealt with has been varied but marital and family difficulties have been amongst the most frequent and difficult. The following table shows the number and type of problem presented :

Total cases interviewed	1,866
Average number of interviews per case	4

Distribution of main problems.

Investigations regarding compassionate release or postings	91
Financial problems	167
Marital and family difficulties ..	226
Legal aid	74
Interviews to arrange After-Care	211
Home investigations	67
Housing difficulties	132
Compassionate leave investigations ..	521
Other domestic problems	377

In addition, 2,275 men were interviewed in groups before being discharged to civil life as medically unfit for further service. This was to discuss their resettlement problems and generally to give information concerning pay on leave, grants from the Ministry of Labour, etc.

It will be seen that this table merely shows a very rough division of cases. Under the heading "Marital and Family Difficulties", are included arrangements made for the relatives of patients to visit the hospital to interview the doctor and social worker. Accommodation is found for them, as they usually need to stay overnight, and, if necessary, we send reduced travel vouchers. The psychiatrist may feel that it will be helpful for the treatment of his patient for a wife to stay in the vicinity of the hospital for a longer period. Where there are financial difficulties, grants are obtained from the Commanding Officer's Fund to cover the expenses of the visit.

If a visit to the hospital is impracticable and the psychiatrist feels that a more detailed picture of his patient's home and relatives might be helpful, home visits are arranged. If in the vicinity of the hospital these are undertaken by the military social worker, and for others the Provisional National Council for Mental Health have been extremely helpful.

A large number of applications for compassionate leave are received and are investigated by the military social worker. If it is practicable the reason for the request is verified, always with as much speed

as possible, so that the patient can feel that an interest is taken in his home anxieties and his possible desire to go absent without leave is thereby minimized.

Whenever the army scale of allowances is proved to be inadequate, a patient's anxieties can be allayed by helping him to apply for additional grants such as Emergency War Service Grants, War Service Grants, Dependents' allowances, etc. Also S.S.A.F.A. are frequently approached for their help in adjusting the family income to meet their needs.

Anxious relatives and friends are constantly enquiring about the health of the patients and these letters are dealt with by the military social worker after consulting the psychiatrist concerned. Also enquiries are received from civilian organizations, in particular the After-Care Regional Officers, for particulars of former patients referred to them for help.

Compassionate Postings

As can be expected many applications for compassionate postings have had to be investigated. It is not always realized that even if the grounds of application are good, and have been corroborated, that such a posting may not prove a complete solution of the problem. A man may be posted as near as possible to his home, but this may prove to be at least twenty miles away. This is too far to be of any real assistance to his family and may merely increase his anxiety, as he feels eager to help but is unable, materially, to do so. Even if he is actually living at home, the daily difficulties may prove such a burden, in conjunction with his army work, that he becomes a liability to his home and to the army.

> *Case 1.*—Pte. D., on the staff of the hospital, had a compassionate posting here, after his wife gave birth to a child when he had been in Burma two years. He accepted the child and was extremely proud of her and spent all his savings in providing clothes, etc. for her. He and his wife lived with her parents, but his wife's mother made difficulties. She refused to allow them to sleep together, sleeping with the wife herself and making Pte. D. occupy a room with a young brother, although there was sufficient room in the house for other arrangements to be made. Both Pte. D. and his wife were, naturally, unhappy at this arrangement, but both were timid and the mother-in-law domineering. Eventually they were helped to find other accommodation and they settled down happily.

Matrimonal and Family Problems

This is far the largest group and includes the most complex problems requiring close co-operation between the psychiatrist and social worker.

(*a*) Family Readjustment. It has been widely recognized that many difficulties of family readjustment are experienced by returning prisoners of war. It cannot be emphasized too strongly that the majority of these problems are also experienced by the man returning from long service overseas. He has experienced the same anxiety about his wife and family and has been subject to similar letters from well meaning friends, possibly making allegations against his wife. He feels different and out of everything when he comes back, finding his wife has changed so greatly. The wife, also, must realize that her husband too will have changed. The factors of separation, and the necessity of being a self reliant individual during their loneliness, have changed them both. The difficulties of readjustment are likely to be great and take a long time to resolve. Many men overseas have built up a fantasy picture of home, their wife, the children, their own private world. On their return it is all so different. In some cases even though the home is obviously broken up and the wife has no inclination to return to her husband, he cannot accept it. His home has been his anchor all the years away and he cannot face life without it. He will accept anything rather than the break up of his home. Then, sometimes, it is best to help him to realize that it is an untenable situation, he must find new interests and a different future from the one he has envisaged so long. A wife has usually looked forward desperately, during the time her husband has been away, to his return so that she may again lean on him. He, however, wishes to come home to be mothered and cherished, and is not ready to take over the responsibilities of home immediately. His wife must be helped to an understanding of her husband's feelings and to accept the position of head of the family for a little longer. It has also been necessary to try and help the wife to accept the fact of her husband's neurosis, to allay her anxiety with regard to insanity and again to reassure her that he is not less of a man because of his breakdown. The man may need a woman's reassurance and help to allay his guilt at having broken down and having sustained a blow to his masculine pride.

Children, also, often find it difficult to accept the father's return after so long away, and become troublesome and aggressive. Thus Pte. T. after disembarkation leave said that his small son was quite unmanageable. He obeyed his father, but now had become exceedingly difficult with his mother. Arrangements were made for the child to be referred to a Child Guidance Clinic.

(*b*) Unfaithfulness. The unfaithful wife, either in actuality or in the imagination of the man, is often a precipitating factor in a soldier's breakdown. A recent survey of neurosis among repatriated prisoners of war, found the incidence to be as high as 25 per cent. Among the cases in this hospital, infidelity in the wife has been found to arouse many varying reactions in the husband. Some men can condone the offence, realizing the difficulties that their wives have experienced during their absence, the loneliness and the monotony of their existence. In many, however, the idea of tolerating such a lapse is impossible. Their immediate reaction is divorce—

at once. When it is explained this may take about eighteen months, their enthusiasm often wanes and they are prepared to reconsider their decision. Often they have not known of the situation before arriving home. Possibly there is an illegitimate child of whose existence they were unaware, and the shock of this discovery tends to warp their judgement. Time, however, may give a more objective view if they are not inundated by hasty advice from well meaning friends, relatives or outsiders. If they can be advised to consider whether, in fact, they still do love their wives and can tolerate the situation, there is then some chance of establishing a satisfactory marital relationship again. When there is an illegitimate child it has been found important to impress upon the man that he must decide whether he can accept the child. If so he must be prepared to accept it fully and not as a perpetual reminder of his wife's lapse. Should he be unable to do this, but wishes to remain with his wife, then, providing his wife agrees, adoption is best arranged as soon as possible.

Case 2.—An illustration of this type of case is Pte. N., who when he first came to the hospital, was full of aggression against his wife, who was then pregnant with a child of which he was not the father. At first he was determined that the child must be adopted and that no one must ever know; this seemed to him easy, as his wife was at that time evacuated in the country with their daughter, aged 3, but was planning to return home. He was discharged from the Army, but during his period in hospital he recovered from his first shock and fury against his wife. At first he took no part in hospital activities, ruminated on his misfortune and talked about it to everyone. Endeavours were made to ascertain the wife's attitude to adoption, but she refused to come to the hospital, or keep appointments made for her locally. Before he left the hospital he was happier but still wanted the child adopted. He had recovered sufficiently to do a full day's work in a factory near the hospital. He was recommended for the After-Care Scheme and six months later a follow-up showed that after the child was born he had decided to accept it. He was still resentful against his wife, but was settling down fairly well.

(c) Sexual Difficulties. Another factor in the marriage difficulties of men returning from long service overseas is temporary impotence. It is quite frequent on their repatriation leave and when they come into hospital they are very depressed about it. The fear of impotence often grows up in a man during captivity, or long service overseas; he broods about it and fears that such things as the deprivation of food he has undergone, may affect his virility. When he goes on leave his anxiety produces the result he has feared. It helps enormously if the wife can be interviewed and helped to understand that her husband is no less a "real man" because of this temporary situation—that she, more than anyone else, can help him to regain his potency and that she must try not to be impatient with him or despise him.

Another type of patient who is extremely difficult to help is the syphilophobe. He may have run no actual risk of infection, or been exposed only once, but that one episode has produced such feelings of guilt that it is exceedingly difficult for him to be convinced that he is free from infection. These men are often depressed and their wives are acutely anxious about them, without realizing the cause of the depression. It thus becomes a social, as well as an individual psychiatric problem. If the man can explain the situation, and the wife can understand, it will probably help more than anything else. Nevertheless it is considered dangerous for any man to be advised to discuss this illness with his wife, unless she has previously been interviewed and considered mature enough to grasp it. The situation on leave can be distressing if the implications have not been foreseen, as the man may be afraid of infecting his wife and so refuse to have intercourse, or may find himself impotent because of his guilt towards her.

Case 3.—Pte. M., had served three years overseas and was nearly due for leave in the U.K., when he had intercourse with a prostitute for the first time. Shortly after this he complained of a feeling of numbness in his genitals. He went on leave and, finding intercourse impossible, told his wife what had occurred. At the end of his leave he was still acutely depressed, and reported sick immediately he returned to his unit. After tests for V.D. had proved negative and he refused to accept reassurance, he was seen by a psychiatrist and admitted here. On admission he was depressed, introspective and cried most of the day. He still complained of lack of feeling and could not believe that he was free from infection. He wanted to see his wife, but said he was not worthy to do so. Mrs. M. was invited to visit the social worker at the hospital and she agreed. She was an upright little Yorkshire woman, who did not understand her husband's illness at all. They had planned to have another child when he came on leave and she felt that she could not now do this. She took up a determined attitude of a wronged wife. She said she did not understand her husband's act because she, herself, did not understand physical desire. She felt she had a good hold on him for life, if she took him back, but was prepared to keep him wondering about this indefinitely. Eventually she was helped to realize that she could accept his fault and that by appearing to want him physically again, she might help him to become potent and lose his fear of V.D. His psychiatric treatment included a course of E.C.T. He became more cheerful and, when he eventually left hospital, was planning to have another child.

Resettlement Advice

Recently a large number of patients have been discharged from hospital to return to civil life. All these men have been seen and explanation given regarding arrangements made for their terminal leave in relation to pay, allowances, etc., what

facilities there are for applying for help for employment, Ministry of Labour training schemes and to whom they should apply if they are in difficulty. In addition a certain number of men are recommended for the After-Care Scheme of the Provisional National Council for Mental Health. It is felt strongly that the men should be considered, not only as an individual, but as part of a family social unit. In this connection a man may be recommended for the After-Care Scheme largely because it is felt his wife, or mother, may need help or advice. In addition to the usual resettlement difficulties, the wife, or mother, may feel the burden of the man's neurosis too heavy to carry. The realization that she has someone to whom she can turn, and who will understand her difficulties, can ease the emotional strain.

Case 4.—Major T. was a regular soldier, who had had several severe breakdowns in the past. He could not bring himself to tolerate the idea of civilian life and had no idea what work he could do. His wife, also, was exceedingly neurotic. She had married hoping her husband would be a tower of strength, but she had found that a very small breeze would knock him over. Their physical relations had always been unsatisfactory as she had never received any satisfaction from them, while he did not understand how his wife felt. Both were helped by a full discussion of their future, which both dreaded. He was recommended for After-Care and therefore felt he had something to lean on, while Mrs. T. welcomed the discussion of her difficulties and the prospect of understanding help in the future.

There have been several cases of men recommended for discharge but who have nowhere to go and do not know what employment to take up.

Case 5.—Pte. B. was aged 34, and of very low grade intelligence and illiterate. His parents were dead and he had not been in contact with his brothers and sisters since 1934. He had nowhere to go on discharge. At first efforts were made to trace his relatives, but without success as they had moved and left no address. He said he would like to work on the land, in one of the Western counties, as he knew that area and had worked there before as a groom. Contact was made with a former employer who agreed to re-employ him in farm work and eventually accommodation was found for him in a nearby village.

Conclusion

In the hospital, it has been found that having social workers who are themselves in the army and have a knowledge of the military machine, has helped enormously in understanding the patients. One's own difficulties in the army have given an insight into the problem that a civilian could not have acquired. The earlier a man's total welfare and family situation can be considered, the more chance there is of being able to give constructive help. If these aspects are left until he is about to be discharged, it may be too late to do more than touch the fringe of the problem.

It is fully realized that the cases used to illustrate the points made, can only be accepted as readjusted in a limited sense. The stay of each man in hospital is unlikely to be longer than 3 to 4 months and in that time it is only possible to assess the possible future according to the adjustments he has made during his stay. The follow-up visits that were done have helped to substantiate this a little, but it is still all too possible that hopeful progress of these men and their families may not be sustained.

It is thought that many of these problems will be met by social workers dealing with men recently demobilized, as they are not only to be found in men suffering from neurosis, as has been substantiated by the advice sought by the men on the staff of this hospital. It is hoped, therefore, that this somewhat fragmentary picture may be helpful to others engaged in similar work.

I wish to thank Colonel L. M. Rowlette, D.S.O., M.C. for permission to write this paper. Also Subaltern Elton with whom I have worked at this hospital.

AN APOLOGY

The Editorial Board ask readers to accept their apologies for the late appearance of this issue, due to various vicissitudes beyond their control. With the appointment of an Hon. Editor, every effort will be made to ensure regularity of publication in future.

Some Lessons of Wartime Psychiatry. II.

By KENNETH SODDY, M.D., D.P.M.

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In the previous issue the work of psychiatrists in the services was described in order to apply the lessons learnt there to the problems of peacetime reconstruction.

Psychiatrists made a distinctive contribution to the work and life of the armed services in addition to the traditional role of treatment of mental illness by furthering a positive mental health policy, by selection, elimination of the unfit and by advice on leadership, on the handling of men and on morale. It was quickly realized that psychiatry would not do its duty by the service if it merely provided treatment for the mentally ill. Even if successful, soldiers so treated are of limited use subsequently and the time consumed in treatment is uneconomic. These considerations placed prevention of maladjustment at the top priority for psychiatrists, and although this is a break with the tradition that the patient must take the initiative in consulting the doctor, it does but follow the precedent so successfully established by the Public Health Authorities.

The aim of prevention of mental ill health led straight to the investigation of the factors producing it, to study of the raw material of the army and the way in which the service treated this material. The most important objects for study were the fitness by personality and past experience of the individual for the role in which he was cast, the quality of training, the leadership, the indoctrination of the soldier and the foundation of good morale. These studies represented a very practical application of the principles of preventive psychiatry.

In order to undertake the above studies and practical duties psychiatrists became much more closely identified with army life than would have been the case by the mere provision of psychiatric hospitals and special clinics.

They were established as officers within the military hierarchy, and were concerned with anything affecting private or public mental well-being. These officers were not attached to hospitals, but had their main linkages with the various military formations in their sphere of operations, where by the use of the appropriate channels of command much could be achieved in an authoritarian society.

Some Differences between the Military and the Civil Social Orders

What worked well in the army may not necessarily work as well in civil life, for the army is a closely knit authoritarian hierarchy which exists (in time of war) only for the specific purpose of destroying the enemies of its own society. It is, therefore, a group within a group, charged with particular functions, and apt to be narrowly intolerant of the larger issues confronting the community proper, because of the peculiar psychological strains of its own function.

This authoritarianism does not rest only on traditions handed down from an earlier social order, it is also the dynamic result of at least two strong psychological forces. First, entering the army involves the recruit in a clean break with his civilian past. Henceforth the army is his life, his emotional ties with his past life are largely severed and those with his family considerably modified. That this is interpreted by the individual as a dangerous threat to the continuity of his personality is suggested by the boredom, the emotional emptiness of the recruit's early days in spite of the novelty of his life. It is remarkable, however, how quickly this disinterested and rudderless phase is followed by one of identification with an idealized father figure, in this case the authoritarian society; and so the mutilated personality finds itself again.

Secondly, when the recruit embarks on the career of licensed homicide for which he is trained, not only is he exposed to danger, injury and death, but also to blood guiltiness. A strong father figure now becomes doubly necessary, the organization which punishes him as severely as this must also protect him not only from destruction, but also from his own guilt. Hence the preoccupation of the army with welfare and day-to-day care of the soldier, the development of the strong fraternal spirit of comradeship, and the deep dependence of the soldier on his organization.

The authoritarian character of military life is therefore a natural development mainly growing out of the dynamics of the situation, and being all pervading affects the military psychiatrist equally with other officers. He is inevitably invested to some extent with the attributes of the father-substitute, independently of any individual transference. In other words, the soldier expects, needs and looks for the type of "directive psychiatry" which the army provides.

On the other hand civilian society normally has none of this special mission and, with an intimate personal tradition handed down the generations, it is more stable and can survive with a far less degree of rigid organization. The civilian is at the same time more individualistic, more mature emotionally, and more firmly embedded in tradition than is the soldier. Being a member of civilian society for his whole life he is also more deeply affected by changes therein. Love and hate are not organized and directed on to specific objects as they must be in the fighting services. The adult civilian must deal with his emotional

problems himself and cannot pass them up for solution by higher authority.

Father-substitutes in civilian life are many and varied, there is no over-riding intimate homogeneous personal loyalty except at the remote distance of the state itself. So that with civilian society a man can be in it but not of it, and the community will not feel menaced; eccentricity and exclusiveness can be tolerated. It is not so in service life where a soldier who fails to identify himself with the group becomes a menace to the security of the whole, and, as stated in the previous article, has to be disposed of.

By discharging maladjusted soldiers to civil life, with severed ties and with no alternative attachments formed during service life, the services have contributed, though unwittingly, to the psychological problems of the post-war period. In addition to this emotional dislocation, such men have to re-establish their ties, only to find that they, their families and the environment have altered meanwhile. Moreover there can be no future discharge from civil life into some other body, this easy solution of the problem of the misfit is denied to a permanent society, which must absorb and carry its own misfits.

Some segregation is in fact attempted in civil life, mental defectives go to colonies, psychotics to mental hospitals, neurotics to various private homes and communities, psychopaths when delinquent go to prison, but only a very small proportion can be permanently excluded from society. That segregation is not the final answer to mental ill health is obvious because the discharge rate of psychotics from mental hospitals is now 70 per cent. of the current admission rate; nearly all neurotics and criminal psychopaths return to circulation sooner or later, and 80 per cent. of mental defectives are never effectively segregated. Common responsibility for these human beings must be recognized whether they are segregated or at large. The future life of the misfit in the civilian community constitutes one of the main challenges to mental health work.

The Place of the Psychiatrist in Society

It has been claimed that when a service psychiatrist was effective it was mainly attributable to his identification with the organization in which he served. He shared the life, fitted into the autocracy and adapted his methods to those of an authoritarian paternalistic society. Surely the same principle holds good for civil life, a psychiatrist must adopt protective colouring and fit easily into the general structure.

It is undoubtedly true that the psychiatrist in civil life is still thought of by the community as a man apart. He has the reputation of sitting in judgement on his fellow men and of being preoccupied exclusively with morbid reactions. It is now being proved that this can be overcome by adapting the psychiatric service to the structure of society, but civilian society is so vast and so complex that it is difficult to know where to start. The mere establishment of a large number of regional psychiatrists at a fairly high level in the public health services, will not necessarily provide the answer, unless the officers concerned manage to establish the closest possible relations with non-official society. The creation of a race of psychiatric super civil servants enjoying wide administrative powers would doubtless do well enough in a bureaucratic society, but British society is not entirely bureaucratic, at least not yet; Regional Commissioners of this and District Controllers of the other have not up till now been noted for their close contact with the community which they serve.

The Shape of the Future—a Social Service?

A psychiatric service, if based on wartime experience, would need strengthening on the social side; it is possible that it should even be *based* on social service and that the clinical and curative measures should be regarded as ancillary. An eminent trans-Atlantic psychiatrist lately remarked that even if there were 200,000 more psychiatrists all engaged on treatment in the United States they would still be unable to cope with neurotics and misfits as quickly as the combined forces of heredity and environment were producing them. The same holds true in proportion for Britain, and if the main answer is psychiatrically based social work (as many believe) it can no longer be the prerogative of a few charitably minded people, but must be a wide activity demanding a team comprising all those interested in humanitarian and social issues.

In Dr. Blacker's *Neurosis and the Mental Health Services*, a list is given of eleven functions of the proposed Medical Officer of Mental Health. If he fulfils all these functions this official will have contributed greatly to the well-being of the community by dealing with psychiatric illness, ascertainment, community care of mental defectives, criminal psychiatry and delinquency, industrial psychiatry, special schools, mental health propaganda, surveys and follow-up. This is an enormous sphere of action in all conscience, and it is difficult to see how a member of the Public Health hierarchy can adequately combine all these functions in his own person, and especially the last three on the list.

The Charter of the World Health Organization agreed to by 61 nations defines health as "a condition of complete physical, mental and social well-being, and not merely an absence of disease". This wide definition demands a broad view—the establishment of well being and not, primarily, the tackling of disease.

As with the army at the outbreak of war the problems of mental ill health in civil life are too vast and pressing, the resources too limited, to admit of a laisser faire policy. The atomic bomb bogey hangs over us, the urgent need is to improve the state of mental health of mankind before it is too

late. Can there be any higher priority than this? Our chief contribution naturally lies with our own people. Are we right in attempting to build up our clinical and treatment facilities and allowing social provisions to grow out of them? Or should we concentrate on social work based on sound psychiatric foundations and build our hospital services and treatment facilities thereon? Provision of the latter depends largely on sense of public urgency and there could be no creator of public consciousness more effective than a good social service of the type projected.

It is submitted that a case can be made out for concentrating on the social aspects of a proposed psychiatric service, and by this is meant a comprehensive service of which psychiatrists will be the clinical directors and the main work carried out in the community by psychiatric social workers and their assistants. As remarked above psychiatry is already greatly oversold, and the claims made for it, now conceded by the public, cannot be met adequately for many years. But in the building up period, a strong psychiatric social service would make a positive contribution to health while acting as a stimulant to complete evolution.

The Social Effects of Psychiatric Illness

The provision of psychiatric hospitals and outpatients clinics is certainly of very great importance but it does not go to the root of the matter. Psychiatric illness when it occurs in a home strikes a more intimate and deeper blow than can be parried by giving only the patient special treatment. It undermines security, creates tensions, and arouses fears in the minds of all who have an emotional relation with the sick person whose cure, even if achieved, will not automatically dispel the unrest and disquiet which has been aroused.

This is now recognized by very many people and has led to the appointment of psychiatric social workers at many clinics. These workers do an invaluable job in attempting to deal with the family and domestic problems arising out of psychiatric illness, but it seems doubtful if the fullest potentialities of psychiatric social work can be achieved in close identification with the clinic and all that means in terms of association for the patient and his relatives.

The Services' After-Care Scheme

Arising directly out of war experience the Services' After-Care Scheme has built up a nation-wide system of intimate social work available to all those discharged from the Services with psychiatric illness. Lately this scheme which has now accepted 10,000 cases and operates from 15 different centres has become progressively more civilian in character. This is partly due to the fact that the erst-while soldier is now a civilian, and partly to the number of referrals and enquiries coming in from purely civilian sources, as people begin to realize what such a Service offers.

This After-Care Service has had the usual difficulties in securing staff with adequate previous experience and also suffers from the general shortage of social and clinical facilities. The great burden of responsibility has fallen on to the psychiatric social workers, and it has not been possible hitherto to provide the everyday close co-operation with psychiatrists which a medical project of this sort requires. The appointment of psychiatrists regionally as consultants to this organization would immediately transform its whole scope and enable it to make a striking contribution to Mental Health.

The position of these psychiatric social workers in the After-Care Scheme is in some ways analogous to that of the Area Psychiatrists in the army. The latter found that their main attention inevitably became attracted to attacking social and psychological causes rather than attempted patchwork on individuals. Similarly the psychiatric social worker finds herself or himself enquiring more and more into causes, which itself involves (as in the army experience) closer and closer identification with the community in all its daily ramifications.

A Social or a Clinical Service?

In the proposals for a National Health Service there is some danger that in the interests of organization, opportunities may be missed of creating the most effective instrument possible for the furtherance of Mental Health, by regarding social work as merely an adjunct to clinical treatment. It is a natural stage in medical organization that the central point should be conceived of as the clinic or hospital, from which all other services radiate—a conception inherent in the current practice of controlling all medical education from hospitals. The question to be asked is whether this should apply also to Mental Health Services, or whether it is possible to devise a method whereby those in need of help can consult a community service which can take responsibility for the case before special treatment is necessary (if this be possible) and retain contact until assistance is no longer required. Special hospital and clinic treatment under such a system would be a derivative of the organization and not its central point.

If this idea were accepted we should need to face certain differences of emphasis discernible between the needs of an organized clinical service and those of community care. The former must be integrated into the general hospital system of the community. It is not desirable to have psychiatric clinics divorced from surgical, orthopaedic, medical, children's and tuberculosis clinics or any others. Medicine has been all too prone to accept arbitrary divisions based on textbook pathology which make for ease of hospital organization and economy of equipment but have the weakness of sending the patient from clinic to clinic. Such a system is confusing to patient and doctor alike, and the Mental Health Service must avoid this error.

A Suggested Form of Psychiatric Service

Plans so far made public indicate that the National Health Service in the mental field is designed to provide a nation-wide clinical system of special hospitals, out-patients clinics and their derivatives. Community care is to be the responsibility of the local Health Authority as part of its general welfare functions with due provision for the co-operation of social workers based on clinics in suitable cases.

It is argued here that it would be a better arrangement to make the division of responsibility in a different place ; to take a much broader view of the social or community aspects and to organize a nation-wide social psychiatric service under the general supervision of psychiatrists which will take wide responsibilities for mental health. This service active in health and disease will send patients to its sister Clinical and Treatment Service (which of course is no less important), and then later in the history of each case, take it back for after-care and prevention of recurrence. But whereas the Treatment Service is more within the traditional medical field, the Social Service is somewhat of an innovation.

(a) The Clinical and Treatment Service

The special administrative requirements of the clinical service must not be under-estimated. Psychiatric hospitals need a certain scale of equipment and premises, only understood by specialists. Such an organization lends itself to the creation of a hierarchy. It will not be difficult to introduce at an appropriate level in the National Health Service administrative medical officers responsible for the organization of psychiatric treatment facilities.

In parenthesis it is observed that no large organized medical service has yet solved the problems raised by the fact that the more senior appointments inevitably become administrative ; it is very rare for a doctor in public service to attain a senior position and yet retain active clinical work. Such a system puts a premium on unenthusiastic doctoring, encouraging a flight into administration—a less disturbing, worrying and exacting task than the care of patients. This tendency does not lead to high morale within the Service. It is a problem which must be solved before the National Health Service will be a success.

The creation of a chain of command within the psychiatric treatment service presents no special difficulties. Professional staffs need control, hospital property must be administered, patients are bound by the terms of treatment to conform to rules, and provided the essential doctor-patient relationship is safeguarded, there seems no reason why an organized service on a normal service pattern should not function smoothly. But if it stops there and treats the social aspects of its task as secondary to the treatment of disease it will fall far short of what is required.

(b) The Psychiatric Social Service

The National Health Service includes Mental Health. It is suggested that top priority be given to the creation of a really adequate psychiatric social service for the community in the homes, factories and schools. Such a service, although not undertaking remedial treatment itself, will be in close touch with the therapists, and will act at all times as a social agent to implement recommendations made in the clinics. It should provide a medium of stable friendship available to all who need it; neurotics, psychotics and psychopaths are essentially lonely people whose contact with their social environment is poor. Armed with its knowledge of the patient and of local conditions, such a service could participate actively and indirectly in negotiations with employers, Government departments and with other social agencies, with the object of explaining both sides to each other. Maladjusted people have peculiar difficulty in making themselves understood, and the education of officials and employers alike in the particular needs of this class of person is an important function. In the role of adviser and mediator this service will make the positive contribution of finding suitable places in the social system for many who are a social problem at present.

Secondly, such a service will have an unrivalled opportunity for undertaking public education in the interests of mental health. Just as the Health Visitors and District Nurses in their different ways exert a powerful influence through their personal contacts; so the psychiatric social worker will have equally good chances of being a real power for good. This will supplement present propaganda methods of lectures and meetings which never have more than a superficial effect. There are also challenging possibilities of research into social causative factors of mental ill health which these workers will be able to take up.

Thirdly, this Service can make a direct contribution to the morale of the community, both by solving the problem of the misfit and by its ability through its close links with the neighbourhood to discover causes of friction and unrest and of making concrete suggestions. It should command the confidence of dissatisfied elements in the community as well as the respect of the majority, and will be in an unrivalled position to carry out surveys, enquiries and social experiments into the causes and effects of diseases, disabilities, popular movements, prejudices and cults; many and varied problems of interest to physician, sociologist and politician alike.

Rehabilitation is a fashionable term at present. Eradication of the last effects of illness and re-establishment of health must include attention to the mental attitudes which have arisen during illness, not only in the patient but in all his human contacts. Industrialists are all too prone to think of a man as so much production; doctors see him as a background to a disease; social workers as the possessor of an economic or domestic problem.

The army has known for many years that when the soldier enlists the entire family enlists too—or does so in effect. Similarly the entire family is involved in illness; so that the modern conception of psychiatric social work must be far wider than the present orthodox practices in follow-up, after-care or convalescence; it recognizes the necessity to mobilize the entire family in the active pursuit of health, the finest form of insurance against future breakdown.

The Type of Organization Required

Arguing from experience, the officers of the future psychiatric service will need to be more intimately concerned with the daily life of the ordinary man than is likely in a service with a hospital or a centralized type of organization. It will not be sufficient to give the Medical Officer of Mental Health an office in the local County Hall or Regional Board Headquarters, and to identify him completely with the Government. He will not do his best work by controlling his patients. If he is doing his work properly they will consult him as free agents at a stage when there are still many alternative courses of action to be considered—not at the last moment when hospital treatment is the only possible course left. He must not represent the government —or any other institution. He will measure his success by his degree of identification with the people.

For similar reasons it would be wise to avoid too close identification with hospitals and clinics, because it will take some years yet for the public to accept mental illness without nervousness. The present reaction of the public is still mingled with fear and hostility, the wish to segregate, or in other words to deny its existence in ordinary life. Whatever may be the ultimate ideal, at present close association with hospitals will hamper the psychiatric service in gaining the complete confidence of the public.

While the treatment service can be organized on a normal pattern within the general provisions this should not form the main pre-occupation of the Medical Officer of Mental Health. To be sure he will need to work in closely with it and exert an influential advisory function, but he should have ample responsibilities in the social field to extend him. Since from the very nature of his work he can rarely issue orders and has no legitimate means of enforcing compliance (except extreme legal sanctions) there seems little point in granting him a high place in the direct chain of command of the total Health Service. This argument does not constitute a plea for an entirely independent status because he must obviously be very closely responsible to the community he serves.

According to this view his main task is the organization of a community psychiatric service, in which psychiatrists, psychologists, psychiatric social workers, sociologists, and teachers would co-operate with general practitioners and with psychiatric clinics. The aim is to provide as a permanent feature a service able to accept responsibility for the well-being of all who need psychiatric help. It should be able to " take on a case " and keep in touch with it, and with the family during the whole of its career until a settlement of the problem is reached. At different phases, clinic or hospital treatment can be arranged, or the Ministry of Labour contacted or many other services given designed to aid recovery, but the Community Psychiatric Service should be, as it were, the sheet anchor of the case. This does not deny the right of the general practitioner to deal direct with the psychiatric clinic, or of the latter to conduct its own social work on its active cases as the clinical situation demands ; obviously close co-operation would be essential and in many areas interchange or even sharing of part-time personnel would occur. But if it is accepted that in any case of psychiatric illness not only the individual but also the family and the social group is affected, it is logical to provide the main service to give over-all cover and to have clinics and hospitals as a special technique ancillary to the social service.

Naturally, a central organization will be necessary as it it will not be possible for local bodies, especially in the early stages independently to judge quality of work or policy. Supervision of standards of employment of personnel and co-ordination between districts will be unavoidable. But the Medical Officer of Mental Health should be directly responsible to the community which he serves, which could be represented by a Mental Health Committee. The possible advantages of making these committees voluntary rather than administrative bodies are for consideration.

The finest organization would be defeated if it is not accepted by the public and it is therefore important to make the greatest use of all available assets and to build on existing goodwill, rather than attempt to organize a new scheme from scratch. In the present services' after-care scheme there is a nucleus readily capable of expansion, and it is to be hoped that full advantage will be taken of this in the immediate future. Later on the work can be transferred to the appropriate local bodies as the latter become ready to undertake it, if desired. In this way sturdy growth and continuity can be assured.

This projected Mental Health Service, to be a success, must stand on its own feet and be built up by the community as an organization belonging to them, whose services they can command and whose activity they can control. It must avoid the label of too great officialdom, it is not there to serve the interests of the National Health Service as a whole, nor to foster the cause of psychiatric hospitals and clinics. It has no concern with the efficiency of either of these for their own sakes, but it is deeply concerned with the complete physical, mental and social well-being of individual human beings and of the families to which they belong. Only on such a basis will the community psychiatric service of the future reach its full stature.

OBITUARY

Lord Southborough

The Rt. Hon. Lord Southborough, P.C., G.C.B., G.C.M.G., G.C.V.O., K.C.S.I., whose death occurred on January 17th, 1947, was for many years Hon. Treasurer and later Chairman of the National Council for Mental Hygiene. His interest in the Council arose through his friendship with the Founder, the late Sir Maurice Craig, M.D., C.B.E., and he was one of the original Founder Members.

In an already busy life he spared time to take an active part in the Council's activities, and to his wise and vigilant guidance much of the success of its work in those early " pioneering " days was due. He understook his duties with characteristic conscientousness and thoroughness, and having accepted a task he unswervingly carried it through at no matter what cost in personal inconvenience.

His unfailing kindness and charm as well as his valuable services will always be remembered with gratitude and affection by those who were associated with him on the National Council.

Miss Edith Corry

By the death of Miss Edith Corry, which occurred suddenly on February 3rd, the social services have lost a devoted voluntary helper. Miss Corry was Honorary Librarian of the Eugenics Society for twenty-six years, and she also served on the Council of that body and on its Executive and Library Committees. Her keen interest and the practical experience which she had gained from her other voluntary work with the Charity Organization Society (Family Welfare Association) and, more especially, with the Central Association for Mental Welfare, made her co-operation and advice particularly valuable.

At the C.A.M.W. offices she gave three days a week regularly for over thirty years, to the work of indexing and filing records of cases, and her unfailing memory for names and detail was of great assistance to the staff. In spite of failing health towards the end of her life, she never lost her zest and interest in the causes she had at heart, and she continued to attend their meetings with regularity.

Her ready wit and her obstinately conservative prejudices failed to conceal a kind heart and an eagerness to help those in need on whose behalf appeal was made to her and she responded not only with sympathy but with generous financial help. She was an outstanding example of a devoted voluntary worker content to fill a niche which, though essentially important in its relation to the whole, was an obscure and—so it would seem to many—often a dull one. Such workers are all too rare, and the gap which Miss Corry's passing has left will not be easily filled.

FOR FRIENDLESS CHILDREN

An appeal has been issued by the Kent County Council, for " Uncles and Aunts " who will take an interest in individual children in the Public Assistance Homes in the County, and by inviting them into their own families, help them to feel less cut off from normal home life.

Under the Scheme, anyone who agrees to take an interest in a child, will be encouraged to do so until school-leaving age is reached, and in many cases, throughout subsequent years.

A Circular sent out by the Public Assistance Officer describing the Scheme, wisely seeks to emphasize the responsibility of those coming forward to help, by emphasizing the need for complete reliability. For instance,

> " if there is a promise to take a child out on a certain day and it is broken, the whole confidence of the child would be lost. This is particularly important in the case of children who may already have had a good deal of unsettlement in their life."

The bearing of such a scheme on the mental health of children in Homes is self-evident, and the help which Mental Health workers can give in finding suitable volunteers should not be overlooked.

In Essex and several other areas, similar appeals are being made, and there should eventually be no Public Assistance Authority in the country whose Children's Homes are without their co-operating groups of " Uncles and Aunts ".

Late News.

NATIONAL ASSOCIATION FOR MENTAL HEALTH

At the inaugural meeting of the Association held on February 13th, to which reference is made on another page, it was announced that H.R.H. the Duchess of Kent had kindly consented to become Patron. The Rt. Hon. R. A. Butler was elected President, the Earl of Feversham Chairman, and the Lady Norman Vice-Chairman. The Hon. Treasurer is Sir Otto Niemeyer, G.B.E., K.C.B.

The Council of the Association consists of twenty-five members appointed by medical, educational and social service organizations and by the County Councils Association, the Association of Municipal Corporations, the Association of Education Committees and the Mental Hospitals Association, in addition to thirty-five individual members, and is fully representative of all the various branches of the Mental Health movement.

THE MENTAL HEALTH SERVICE IN ENGLAND AND WALES* 1939 to 1945

The publication of another Annual Report of the Board of Control is something of an event, for it is the first which has been made available to the general public since 1939, and the fact that it covers the war period makes it particularly interesting.

The Report opens with a retrospect of the Board's work and the major aspects of the administration of the Mental Health Service between 1939 and 1945, which is of special value in that it is only through knowledge of the facts recorded, that the contemporary situation can be fully appreciated.

During these years a total of 252 doctors were called up for war service from Mental Hospitals and Mental Deficiency Institutions. By July 1st, 1940, 2,000 male nurses had left for service, 381 female nurses had joined other branches of nursing, and 109 had joined the A.T.S. During that year, staff shortage gradually increased, sometimes amounting to one third of the normal personnel.

Six Mental Hospitals and Certified Institutions were completely surrendered to the Emergency Medical Service, and in a number of others, space had to be provided so that accommodation for a total of 40,000 casualties could be made available. In terms of actual beds released, this meant that by the end of 1941, 17,204 beds had been surrendered in Mental Hospitals and 5,926 in Mental Deficiency Institutions. In this latter number were included many new beds recently added as the result of the completion of enlargement schemes and at once diverted to other purposes.

Admissions to Mental Hospitals during the first part of the war were lower than the average, but by 1943 they had risen above it and during 1944 and 1945, the rise continued, due possibly to the effect of prolonged strain.

Section II of the Report surveys the situation in 1945, the first part dealing with Mental Disorders, the second with Mental Deficiency. Outstanding features noted are as follows:

Mental Disorders

The total number of patients under care in Mental Hospitals in England and Wales on December 31st, 1945, was 146,027, representing a decrease during the year of 241 (compared with a decrease of 1,289 during the preceding year). Of this total number, 10·7 per cent. were Voluntary patients under the Mental Treatment Act, and 3 per cent. Temporary patients.

Direct admissions during 1945 were 33,961—the highest on record. Of these, 50·7 per cent. were admitted as Voluntary patients and 4·1 per cent. as Temporary.

It should also be noted with satisfaction that there is a rising discharge rate, viz. 63 per cent. " departed, recovered or relieved " or, for recoveries only, 33·2 per cent. of the direct admissions. The total discharge rate was 71·7 per cent. as compared with an average of 66·8 per cent. during the preceding quinquenium. To whatever causes this may be assigned, it has manifestly an important bearing on questions of future provision, in that a rising discharge rate means a decrease in the number of patients in hospital at any one time.

An interesting scheme has been initiated by the London County Council at two of their mental hospitals to enable certain patients who though recovering are not yet considered fit for leave on trial or discharge, to take paid employment in the locality, returning to the Hospital each night. At the end of the first year's experiment, it was stated that undoubted success had been achieved, that it had proved a useful aid to rehabilitation and had induced self-respect in patients whose suitability for final discharge remained doubtful.

Mental Deficiency

The total number of defectives under care on January 1st, 1946, was 99,608 of whom 52,788 were in Institutions, Certified Houses and Approved Homes; 5,016 were under Guardianship or Notified, and 41,804 were under Statutory Supervision.

Ascertainment

The rate of defectives reported to Local Authorities during 1945 and found subject to be dealt with under the Mental Deficiency Acts, was 2·41 per 1,000 of the population as compared with 2·33 the previous year. Comparative figures for the ascertainment rate of defectives reported, whether found subject to be dealt with or not, are 3·10 and 3·15 per thousand (including children between 14 and 16 notified informally for After-Care on leaving school).

A table showing the Ascertainment Rates of all the Local Authorities throughout the country reveals, as heretofore, a diversity not due to any common factor such as type of population and area, and is presumably to be attributed mainly to the varying vigour with which the relevant Acts are administered or used by Authorities. Thus whilst in Walsall, defectives ascertained represent 8·48 per 1,000 of the population (of whom 4·32 were found subject to be dealt with) and in East and West Suffolk, 6·33 (3·41 " subject "), the figures for Merthyr Tydfil were 1·37 and 0·39 respectively, and for Huntingdonshire, 1·17 in both cases.

Of the new cases reported during the year, 420 were sent to Institutions, 17 were placed under Guardianship, 43 died, and 2,270 were left in the community under Statutory Supervision.

* *Thirty-Second Annual Report of the Board of Control for the Year, 1945. Part I. H.M. Stationery Office. 1s.*

Institution Care

The outstanding fact of the situation as regards accommodation, is a shortage of beds so acute that it is described by the Board as "creating an unsatisfactory and at times dangerous situation". At no time during the years preceding the war period, was the need met, but whereas between 1932 and 1938, the annual increase was 2,148 beds, the subsequent rate of increase was only 174 over the whole seven-year period. The net increase during 1945 was 10 beds, compared with a net *decrease* of 18 in the previous year.

On January 1st, 1946, the total number of beds available was 49,062 (including those for private patients in Certified Houses and Approved Homes) and the difficulty of finding vacancies for all types of defectives except high-grade women, is "more acute than ever". A considerable number of beds in the larger Certified Institutions are still allocated to the Emergency Medical Service, and new accommodation at others cannot be used because of the impossibility of recruiting staff. A further point of interest is that whereas on January 1st, 1939, the number of beds in Approved Homes was 844, the number in 1945 dropped to 589.

Discharges from Institutions in 1945 numbered 733, and 38 Orders lapsed during absence without leave. (Corresponding figures for 1939, were 603 and 95.)

Hostels

There are 3 Hostels under the management of non-Statutory bodies, for patients On Licence from Institutions, and during the war, the Sheffield Mental Deficiency Committee opened a Hostel for women. In addition, 12 Institutions (as compared with 8 in 1939) have separate Hostel Branches.

The Agricultural Hostels established in 1942 by the Central Association for Mental Welfare and afterwards carried on by the Provisional National Council for Mental Health, now number 9, and represent a new development which holds great promise for the future.

Community Care

On January 1st, 1946, 51,768 defectives were under some form of Community Care, representing a ratio of 1·25 per 1,000 of the population, as compared with 1·14 in 1939. They were distributed as follows:

On Licence from Institutions	..	5,286
Under Guardianship	.. ..	4,678
Under Statutory Supervision	..	41,804

In addition, 23,862 defectives were under Voluntary Supervision by arrangement with the Local Authority concerned, compared with 26,006 in 1939.

Occupation Centres

The situation disclosed in regard to Occupation Centres is a disheartening one, for whereas in 1939 there were 179 Centres and 8 Clubs, with a total number of 4,244 on their Registers, at the end of 1945 these numbers had decreased to 87 Centres and one Club, attended by 2,431 defectives. During the war, some Centres closed down altogether, others had to be evacuated to residential quarters in safe areas, and re-opening is made difficult owing to lack of available premises and of trained staff. All that can be said is that slow progress towards recovery is now beginning to be made, and that the demand for re-opening is coming not only from parents and the public, but from the defectives themselves to whom the deprivation of the training and happiness which Centres formerly brought to them, is a very grievous loss.

Since the ending of the war, the Board has sustained the loss of two outstanding officers.

In March, 1945, Sir Laurence Brock, Chairman for 17 years, retired from the public service. Sir Laurence played an important part in re-organizing the Board after the passing of the Mental Treatment Act of 1930, and as Chairman of the Committee on Sterilization appointed by the Government in 1932, rendered distinguished service in another field. The last period of his time at the Board covered the war years and to him fell the task of guiding mental health administration through the maze of difficulties produced by the dislocation of normal routine.

The retirement of Sir Hubert Bond, Senior Commissioner since the creation of the Board in 1914, was also deeply regretted by his colleagues who record his death three weeks later, with profound sorrow.

Dr. Adamson, Medical Commissioner since 1931, retired on March 31st, 1945.

These officers were succeeded by Mr. Percy Barter (Chairman), and the Hon. W. S. Maclay (Medical Senior Commissioner).

SCOTTISH LUNACY AND MENTAL DEFICIENCY LAWS*

This Committee, under the Chairmanship of Lord Russell, was appointed by the Scottish Office in February, 1938, but in July, 1939 its sittings were suspended and not resumed until October, 1943. Its terms of reference were to inquire into the existing law of Scotland relating to Lunacy and Mental Deficiency and to make recommendations as to amendments.

1. Lunacy

After a historical review, the Report discusses the present situation and makes a number of recommendations, amongst which the following may be cited as being of special interest to non-Scottish readers:

(*a*) That the terms, "lunatic", "insane person" and "person of unsound mind" should be dropped and superseded by the term "mental patient" and that no more precise definition of this term should be attempted other than of "any person who on account of mental illness, is certified by two medical men to be a person requiring to be detained for the purposes of care and treatment".

(*b*) That the system of voluntary treatment in use in Scotland since 1862, should be continued and that the English Mental Treatment Act should be adopted in respect of its provisions for temporary treatment.

(*c*) That the validity of a Certificate of Emergency should be extended from 3 to 7 days.

(*d*) That lunatic wards in Poorhouses should be discontinued.

(*e*) That senile patients should not be certified under the Lunacy Acts except when other arrangements cannot be made.

(*f*) That there should be a special department of the Central Health Authority to deal with Mental Health in all its branches.

(*g*) That Local Authorities should have an "advisory and rehabilitation department with psychiatric social workers, and that there should also be psychiatric social workers attached to asylums, one or more being on the staff of each asylum according to its size".

(*h*) That Observation Wards should be attached to General Hospitals, properly equipped and staffed.

(*i*) That all asylums should have a special reception unit and that there should be more mental clinics attached to General Hospitals.

2. Mental Deficiency

After an examination of the Mental Deficiency and Lunacy (Scotland) Act, 1913—passed at the same time as the English Act—the Report devotes a chapter to the question of mental defectives accused of criminal offences. The desirability of making mental defect (as well as lunacy) a "plea in bar of trial" is discussed, but in view of the fact that a Jury can pronounce a defective as being "unfit to plead", the Committee did not consider that there was need for any further safeguarding in this respect. (From this view, Professor D. K. Henderson dissented in a memorandum published at the end of the Report.)

It is recommended, however, that the provisions of Section 8 (I) of the English Mental Deficiency Act, 1913 (giving Courts power to send a defective to an Institution instead of committing him to prison or to an Approved School) should—with appropriate adaptations—be added to Section 9 (I) of the Scottish Act, which already makes some provision.†

It is further recommended that there should be established a centrally situated State Institution for mental defectives of dangerous or violent propensities (at present the only accommodation of this kind consists of a few beds in the general prison at Perth). Facilities for transfering such defectives from a Certified Institution to the State Institution for a period of 6 or 12 months, which are available to English Local Authorities, should, it is suggested, be adopted in Scotland.

Other recommendations include:

(*a*) That the definitions set forth in the English 1927 Act should be used, with the exception of the "moral defective" grade. In adopting them, however, it is suggested that the categories should be referred to merely as A, B, and C, respectively. Further, that children who are educable in Special Schools should not be termed mentally defective.

Appended to this recommendation is a note on the need for legislation making provision for the training and supervision of unstable adolescents and adults displaying behaviour disorders, but not certifiable under either the Mental Deficiency or the Lunacy Acts:

(*b*) That Local Authorities should be authorized to deal under the Mental Deficiency Act, with M.D. children under 5 years of age, with the consent of the parent or guardian, but that each such case should be reviewed on attaining the age of 5, and re-certification should be necessary if the child is to remain

* *Report of the Committee on the Scottish Lunacy and Mental Deficiency Laws. H.M. Stationery Office, London and Edinburgh. 2s.*

† *See Report, page 69, para. 379.*

in a certified institution, or under guardianship. That the duty of providing education and training for trainable defectives up to the age of 16, should be laid on Education Authorities and not transferred, as at present to the Public Assistance Authorities (responsible for Mental Deficiency Act administration).

From this view, two members of the Committee, Lord Provost John Phin, LL.D., and Professor D. K. Henderson, M.D., dissent, stating in a Memorandum that mental defect should be regarded primarily as a medical and not an educational problem.

(*c*) That the duty of dealing with defectives over 18 requiring continued care and training, should be transferred to Mental Health Committees representing Education, Public Health and Public Assistance, with a Sub-Committee for mental defect only.

(*d*) That the provision for Statutory Supervision of Mental Defectives made by the English Act, should be added to the Scottish Mental Deficiency code.*

(*e*) That a Central Index should be set up containing the names of all cases certified under the Mental Deficiency Act, all children sent to Special Schools and notified on leaving school at 16, and all defectives over 16 discovered by the Courts.

The Report raises some interesting questions for discussion and includes recommendations likely to be controversial. Some of its recommendations are, of course, bound up with the recent Scottish National Health Services Bill and the Education (Scotland) Act 1945 by which they will be directly affected.

MENTAL DEFICIENCY IN NORTHERN IRELAND

The task of the Mental Health Services Committee appointed in October, 1945, by the Minister of Health and Local Government in Northern Ireland, "to give the problem of mental deficiency urgent consideration", was—as is stated in their Report just issued†—a formidable one.

> "In Northern Ireland there is no Mental Deficiency Act, no institution, no community supervision and there is only one special school (in Belfast) which is unable to meet even local needs. Apart from the inadequate provision made by the Education Acts and the Poor Relief Acts, the responsibility for dealing with mental defectives has not been placed by statute on any authority and, for the most part, these unfortunate people lead a hopeless existence at home, in poor law institutions or in mental hospitals. The problem of mental deficiency has, by years of neglect, developed into a grave social evil and we cannot over-emphasize the need for early action to deal with it."

These words will have a familiar ring for the generation of social workers concerned with the Report of the Royal Commission on the Care and Control of the Feeble-minded, published nearly 40 years ago, and Northern Ireland, as a late-comer into the field, has at least this advantage—that she is able to benefit by British experience. Of this the Committee is not unmindful and they have outlined a Mental Deficiency Act which, though erected within substantially the same type of scaffolding, seeks to avoid the demerits inherent within its English counterpart and to meet the special needs of a much smaller territory.

We would particularly draw attention to the recommendations which diverge most widely from our own legislation on the subject as embodied in the Mental Deficiency Acts, 1913-27.

Definitions

The Committee, whilst adopting in the main the definitions of the English Acts, suggest a revision of that relating to the feeble-minded group in order explicitly to emphasize the basic conception of Mental Deficiency as a social rather than an educational defect, viz.: (the italics are ours):

> ". . . . persons in whose case there exists mental defectiveness which . . . renders them *socially inefficient* to such a degree that they require care, supervision and control for their own protection or for the protection of others, and in the case of children *special training also*."

Further, to avoid "unpleasant and undesirable associations in the minds of the public", it is proposed that the various groups shall be referred to by numbers, and that the terms idiot, imbecile, feeble-minded and morally defective—though adopted by implication—shall not be explicitly formulated.

Ascertainment

Although under the Education Act (Northern Ireland) 1923, it is the duty of Education Authorities to ascertain mentally defective children and to report those considered ineducable to the appropriate authorities, the Committee point out the "futility of the present system" as revealed by statistical tables showing that, e.g., in the twelve year period, 1932-44, only two children were so

* *This refers to defectives found "subject to be dealt with" but not actually certified.*

† *H.M. Stationery Office, Belfast. 1s.*

notified in Co. Londonderry and three in Co. Tyrone. (During the same period the figures for Belfast and Co. Down were 302 and 232 respectively.) It is not proposed, however, that the English system should be adopted *in toto*, but that on the Mental Deficiency Authority should be laid the duty of ascertaining *all* defectives, whether or not they are in need of immediate help and whether or not they are attending school. Thus it is recommended that Education Authorities should be required to report any child considered to be defective, to whatever degree, for examination and diagnosis by the Mental Deficiency Authority's psychiatrist. Further, in order to supplement ascertainment through other authorities, voluntary bodies and individual social workers, it is proposed that it shall be made incumbent on all medical practitioners to notify any patient whom they suspect to be a mental defective.

Certification

Taking its stand on the principle that the final determination of mental defect is a medical rather than a legal question, the Committee recommend that judicial certification shall be dispensed with, and that a certificate by a specialist medical officer of the Mental Deficiency Authority shall be all that is necessary as a preliminary to removal to Institutional care.

Institution Accommodation

It is suggested that, as Northern Ireland's population is not more than 1¼ million, one Colony to accommodate in the first instance, 500 patients (and ultimately 1,000) should be adequate to meet the need. Priority in the selection of cases for admission should be given to trainable patients, and the low-grade untrainables should be housed in a separate building of a simpler type within easy range of the main Colony.*

An interesting proposal is also made for the establishment of an Observation Unit to receive, for a temporary period, cases in which further observation is needed prior to an accurate diagnosis.

Administration

The Central Authority for the administration of the new Act would obviously be the Ministry of Health and Local Government, but it is suggested that here another departure from the English set-up should be made. To ensure uniformity in standards of administration and the pooling of the services of the necessary experts, it is proposed to institute a special Regional Authority composed of representatives from all the statutory bodies dealing with defectives. To act in an advisory capacity to this body, Local Mental Health Committees would be formed, co-ordinating the activities of interested local organizations and individuals. Ultimately it is envisaged that the Service should be linked up with the other Mental Health Services of the Province.

In concluding their Report, the Committee, whilst recognizing that the programme outlined must inevitably take a considerable time to put into operation in its entirety, urge that as early as possible plans should be drafted for the proposed Colony and that a Medical Superintendent should be appointed.

This is emphatically a document which should be studied by all who are interested in social trends and particularly by those concerned with mental deficiency administration in other countries.

TO READERS OF "MENTAL HEALTH"

The Editorial Board has pleasure in announcing that they have been fortunate in securing the services of Dr. R. F. Tredgold, M.A., M.D., D.P.M., as Hon. Editor, and that he will take up this position as from our next issue.

Dr. Tredgold was before the war, Assistant Medical Officer at Brentwood Mental Hospital, and in the Army he was successively Command Psychiatrist to the Northern Command, Adviser in Psychiatry to Southern Army (India) and Allied Land Forces, South East Asia, and Reader in Psychiatry at the Royal Army Medical College, Millbank. He has now taken up an appointment as Boots' Lecturer on Industrial Health at Roffey Park Rehabilitation Centre.

It will interest the older generation of our readers to know that Dr. Tredgold is the son of Dr. A. F. Tredgold, who has been closely connected with the work of the Central Association for Mental Welfare from its beginning, and who is the leading authority in this country on Mental Deficiency.

* *In this connection, the Committee have perhaps tended to overlook the need of even low-grade defectives for skilled training and the response which may be got from them, as shown by the experience of Bridge Home, Witham (Royal Eastern Counties Institution.)*

News and Notes

The National Association for Mental Health

Readers of this Journal will be aware of the long protracted negotiations which have been taking place concerning the final amalgamation of the three bodies composing the Provisional National Council—the Central Association for Mental Welfare, the Child Guidance Council and the National Council for Mental Hygiene—into one incorporated organization. The goal has at last been achieved, and on November 25th, 1946, the National Association for Mental Health received its certificate of incorporation under the Companies Act, 1929. Its inaugural meeting is to be held on February 11th, when the Hon. Officers will be elected.

The new Association, as its Medical Director has pointed out in his Editorial, is beginning to function at a time when exceptional opportunities are opening out for the development of a truly preventive Mental Health Service, statutory and voluntary, and there is a rapidly growing demand for mental health education, from individuals and from groups.

To meet this demand and to take advantage of these opportunities, the new Association seeks the support of a large membership representative of every part of the country and of every class of the community, and readers of this Journal are invited to apply for a pamphlet giving full particulars of the Association's programme and of the terms it offers to those wishing to join as members or associates. A Report of the activities of its immediate predecessor—the Provisional National Council for Mental Health—during the past two years is also available and will gladly be supplied on application.

Mental Health Conference, November, 1946

So many applications were received by the Provisional National Council for its Conference held on November 14th and 15th, 1946, that the place of meeting had to be changed at the last minute from the Caxton Hall, Westminster, to the St. Pancras Town Hall with its much larger seating accommodation. At each of the four sessions there was an attendance of approximately a thousand, of which number some 446 were representatives of local authorities and voluntary organizations. The Conference was officially supported by the Ministry of Health, the Ministry of Education, the Secretary of State for Scotland, the Ministry of Health and Local Government for Northern Ireland, and the Ministry of Education for Northern Ireland.

Papers were given on the first day by Dr. J. R. Rees (late Consulting Psychiatrist to the Army, and Medical Director of the Tavistock Clinic) on "The Application to the Civilian Population of Wartime Experience of Neurosis and Backwardness in the Forces", by Dr. T. F. Main (Medical Director, the Cassel Hospital) on "The Employment of the Mentally and Emotionally Handicapped" and by Professor A. J. Lewis (Professor of Psychiatry, London University and Director of Clinical Psychiatry, Maudsley Hospital) on "Community Care in relation to the Extended Powers of Health Authorities under the new National Health Service Bill". The Conference also had the pleasure of welcoming the Rt. Hon. Aneurin Bevan, Minister of Health, who addressed it on the new legislation in relation to the Mental Health Services. The Chairmen of these two sessions were respectively, Professor J. M. Mackintosh and Mr. P. Barter (Chairman of the Board of Control).

The first session of the second day, under the chairmanship of the Rev. John H. Litten (Principal, National Children's Homes), was devoted to papers on "The Care of the Homeless Child" by Miss Lucy G. Fildes, and "Juvenile Delinquency" by Miss Margery Fry, J.P. In the afternoon, Miss Norah Gibbs (Educational Psychologist) spoke on "The Integration of the Psychologic Services under the new Education Act" and Dr. John Bowlby (Tavistock Clinic) on "The Future Role of the Child Guidance Clinic in Education and other Services". The Chairman at this session was the Rt. Hon. R. A. Butler, M.P.

A full Report of the proceedings is in course of preparation and applications for copies (price 3s. 6d., postage extra) are invited. The Report will be sent automatically to all those who took inclusive tickets for the whole Conference.

Child Guidance News

Immediately following the Open Conference of the National Association for Mental Health, a One-day Child Guidance Inter-Clinic Conference was held at the Caxton Hall, Westminster, on Saturday, November 16th, 1946.

This Conference, reserved for representatives and professional members of staffs of Child Guidance Clinics, dealt with three topics: "The Treatment of Children in Clinics and Group Play-Therapy", "The Position of Training for Child Guidance" and "The Treatment of Children in Hostels". The Chairman of the morning session was Dr. William Moodie (Medical Director, Child Guidance Training Centre) and the speakers were Dr. W. Paterson Brown (Medical Director, Oxford Child Guidance Clinic), Miss E. M. John (Educational Psychologist, Birmingham Child Guidance Clinic) and Dr. Kenneth Soddy (Medical Director, National Association for Mental Health). In the afternoon, Dr. Frank Bodman (County Psychiatrist, Somerset County Child Guidance Clinics) presided, and the speakers were: Miss M. W. Hamilton (Regional Representative, National Association for Mental Health) and Miss Clare Britton (formerly Psychiatric Social Worker, Oxfordshire County Hostel Scheme).

The Conference was attended by 300 people, and vigorous discussion—which would have been prolonged if time had allowed—was provoked by the three papers. A full report will be issued in due course.

Up-to-date information on the present position in regard to Clinics in England and Wales has recently been compiled by the Child Guidance department of the Association. This is available to clinics and professional workers and to officers of local authorities at a cost of 6d.

Three new Clinics have been recently approved for the training of psychiatric fellows, bringing the total up to 13. The number of applications for Fellowships, from medical men and women, is three times as great as the highest number received during the war years, and facilities are now available for the training of 19 doctors per year wishing to specialize as Child Psychiatrists. In addition, at the present time, 9 holders of Fellowships in Educational Psychology are in training in selected Clinics.

Residential Nursery for Maladjusted Children

This Nursery, originally administered by the Provisional National Council for Mental Health, as a wartime Residential Nursery for Maladjusted Children and now approved by the Ministry of Education as a Boarding Home, is shortly to be transferred from its present emergency premises at Pewsey, Wiltshire, to a house which has been recently bought by the National Association, at Westerham, Kent.

Here 24 children will be provided for, at a weekly charge of £3 3s. per head. The age range is from 2 to 7 years, but admissions are limited to children not older than 5. The Home is at present full, but applications for the waiting list can be received.

Agricultural Hostels for Defectives

The Agricultural Hostels for male defectives on Licence from Certified Institutions, started experimentally during the war by the Central Association for Mental Welfare and now administered by the National Association for Mental Health, have been uniformly successful and two new ones—bringing the total up to eleven—are about to be opened in the East Riding of Yorkshire in addition to the two already established there.

Although at the outset, some doubt was expressed as to the ultimate success of such a venture, the County Agricultural Executive Committees embarking on it, have become fully convinced of its value and are eager for extension.

Counties in which Hostels have been established are: Gloucestershire (4), Hampshire (2), Shropshire (1), and East Riding (4).

The Curtis Committee and the Training of Workers

It will be remembered that the Interim Report of the Care of Children (Curtis) Committee, to which attention was drawn in our last issue, urged the importance of specialized training for the staffs of Children's Homes, and in the final Report (issued in September, 1946)* there are many instances of failure in understanding children's needs which have lack of training as their fundamental cause.

The National Association for Mental Health has been deeply concerned about this matter for some time, and in the spring of 1945 an attempt was made to organize a Six Months' Training Course. Owing, however, to the lack of suitable candidates able to maintain themselves during training without financial assistance, this attempt had to be abandoned.

During 1946, the Association received from the Ministry of Health sufficient financial support to organize a twelve months' Course to meet the needs of Heads of Homes and senior members of their staffs, and the Institute of Education generously offered to co-operate by supplying some of the members of its teaching personnel. A further effort was thereupon made to enrol students, followed up by an intensive enquiry from a selected sample of Local Authorities as to the possibilities of staff being released. In every case, however, the reply received was that even if there were staff who would benefit by training, it would be impossible to release them for as long a period as a year; on the other hand, if trained workers could be supplied, well-paid employment as Heads and Senior staff workers would thankfully be offered to them. Further it was considered that the maintenance of students during training was, a matter for the Government and not for Local Authorities.

A deadlock is thus revealed which must in some way be broken, for without trained staffs, the recommendations of the Curtis Report cannot be implemented. The National Association still hopes to institute its projected year's Course and it is convinced that there is available a nucleus of young men and women with valuable experience of work with children during the war, who are ready for training *provided* they can be financially maintained during it. Training facilities are ready—on lines approved by the Curtis Committee—and if the Government is prepared to give the support needed, the scheme outlined above can be put into operation in the autumn of 1947.

Meanwhile, however—so urgent is the immediate need—the Association has been exploring alternative possibilities afresh, and it is now in touch with two Local Authorities eager to provide facilities for experimental courses of training to be given in existing Homes in their areas.

A psychiatric social worker (Miss Clare Britton), formerly employed under the Oxfordshire County Hostel Scheme, has been appointed to take charge of this new activity, and her advice and help in regard to staffing and other problems, is being placed at the disposal of Local Authorities from whom applications are invited.

It will be remembered that the Curtis Committee further urged the need for specialized training of Boarding Out Visitors or Children's Officers :

> *" who must be capable of assessing the suitability of a foster home for the needs of a particular child . . . of establishing friendly and helpful relations with the foster parents and co-operating with them for the good of the child; and of recognizing quickly any change in the situation in the home which might be detrimental to the child and taking or recommending the necessary action ".*

As an experiment, the National Association organized, in February, 1946, a month's course for Welfare Officers engaged in the Boarding-out of children. Such provision is in no sense a substitute for the comprehensive year's course considered necessary by the Curtis Committee, but it will be seen from the list given on page 81 that as an emergency measure, another Course on the same lines is being held in March for which over 30 students have been accepted.

Attention is drawn to the publication by the Association of the evidence—collated and interpreted by Miss Ruth Thomas, its Senior Psychologist—which it presented to the Curtis Committee. Copies may be obtained from 39 Queen Anne Street, price 3s. 6d.

Memorandum on Boarding Out

A useful Memorandum on " Boarding Out of Children and Young Persons " has just been issued jointly by the Home Office and the Ministry of Health, which amplifies and elucidates two new Boarding-Out Orders recently issued, viz. The Children and Young Persons (Boarding-Out) Rules, 1946, and the Public Assistance (Boarding-Out) Order, 1946.

The Memorandum written " to encourage a constructive and resourceful approach " to the work, discusses the whole problem in detail and makes

* *H.M. Stationery Office. 3s.*

suggestions as to methods of dealing with it, both from the point of view of the administrator and from that of the Children's Officer engaged in day to day dealings with the individual children concerned.

An Appendix lists the points on which the new Children and Young Persons Rules differ from those issued in 1933 which are now revoked.

This Memorandum can be warmly commended for careful study by all who are concerned with this branch of children's work.*

Special Education Treatment†

Section 8 (2) (*a*) of the Education Act, 1944, requires Local Education Authorities to include in their educational programme, plans for providing special educational treatment for handicapped pupils, and Section 33 directs the Minister to make regulations as to categories and methods.

In order to elucidate and amplify these provisions of the Act and to follow up the Handicapped Pupils and School Health Services Regulations subsequently issued, this pamphlet has been written for the guidance of Authorities and teachers confronted by new duties and responsibilities.

After noting the characteristics of the groups concerned —the blind and partially sighted, the deaf and partially deaf, the delicate and diabetic, the educationally subnormal and the maladjusted, the epileptic and the physically handicapped, and children with speech defects and with dual or multiple disabilities—the pamphlet discusses methods of provision for each group giving some useful statistics as to the probable extent of their varying needs. In regard to the educationally subnormal (as indeed is the case with most of the other groups) no up-to-date figures are available, but it is generally accepted that the proportion of these children in the normal school population is 10 per cent.; it is estimated that of these, ·25 per cent will need boarding school accommodation, 1 per cent. will be best educated in day special schools, and that for the remaining 8 or 9 per cent. special educational treatment in ordinary schools will meet the need.

It may be noted with satisfaction that stress is laid on the need for integrating the group of children receiving this special treatment, into the school organization:

> "*These children may need special help in certain parts of their work. . . but they should not be deprived of general activities with other children which are suitable for their age. This kind of organization presents opportunity for experiment and careful planning which schools will try out for themselves but clearly the defects to avoid are, on the one hand, the isolation of a special class, and on the other, too wide a spread of age among children selected for special help.*"

Where, however, the pamphlet may be disappointing to teachers and administrators is that it fails to give precise and much needed guidance on the setting up of special classes, particularly in view of the high hopes raised by Regulation 27 of the Handicapped Pupils Regulations, which explicitly states that the number of children in any one such class should not exceed 20. To this figure no reference is here made, and we read merely (para. 65) that the classes should be "small".

The section on maladjusted children draws attention to the need for Educational Psychologists in the schools and for Child Guidance Services, as well as for Special Boarding Homes and Schools and for some system of foster-home placement.

In a final section dealing with the preparation and training of teachers of handicapped children, it is observed that since special educational treatment may now be given in any school, every training college student should at least "be able to detect the presence of a handicapped child in his class and know what lines his education should follow if he is not removed to a special school". Those who wish to specialize in the work must, it is noted, bring to it not only understanding and sympathy, but the equally important qualities of:

> "*freshness and vigour and emotional normality as a pattern or example, and a skill in instruction that will make the most of their children's mental or physical abilities*" *bearing in mind that* "*despite all that can be done for the handicapped, their way in life is likely to be hard, and they must be encouraged to be self-reliant, optimistic in outlook, hardworking, and so far as possible, skilled*".

To this end a large increase in the number of Courses on Special Educational Treatment will be necessary if the relevant provisions of the new Act are to be effectively put into force.

The fact that at the time of writing, the first edition of this pamphlet has been exhausted, is proof of the eagerness with which guidance and enlightenment on its subject matter is awaited.

The Board of Control

We are glad to be able to record that the Board has now returned to London after its long sojourn in Lancashire. The new address is: 32 Rutland Gate, London, S.W.7. Telephone, Kensington 3456.

Mental Health workers also welcome the recent re-publication of the List of Certified Institutions which was suspended during the war years. This is obtainable from H.M. Stationery Office, York House, Kingsway, London, W.C.2, or through any bookseller, price 9d.

With the Board's Annual Report—publication of which has also been resumed—we deal on another page.

A Picture Library for Hospitals

The Board of Control have drawn the attention of Managers of Mental Hospitals and Certified Institutions to a scheme organized by the British Red Cross Society for bringing to patients who have to spend a long time in hospital, reproductions of the works of great painters —chosen as desired from a large selection, and changed periodically.

The scheme is designed as a practical contribution to rehabilitation and is the result of a successful experiment carried out at King Edward VII's Sanatorium at Midhurst, by Adrian Hill, an English painter, and Dr. Todd, O.B.E.

It is found that many patients who had never before thought of taking pictures seriously, have developed through this scheme a keen interest in them even to the extent of desiring to learn themselves to draw and paint. In hospitals where the scheme is fully established, such newly awakened interest is followed up by lectures and talks on all aspects of art.

* *Memorandum on Boarding Out of Children and Young Persons. H.M. Stationery Office. 4d.*

† *H.M. Stationery Office. 9d.*

For Spastic Children

Two notable advances have been made recently in provision for children in this country suffering from various types of cerebral palsy (commonly called "spastic paralysis").

St. Margaret's School, recently opened at Croydon, is recognized by the Ministry of Education (Medical Branch) as a centre at which some 40 to 50 children handicapped by cerebral palsy will receive both physical and school education. Applications inevitably exceed the accommodation at present available (for 30 boarders and from 10 to 15 day children) and preference is being given to cases in which there seems to be good prospects of improvement.

One of the three medical directors of the school (a physical medicine specialist) acts also in an advisory capacity to the cerebral palsy unit at the L.C.C. Queen Mary's Hospital for Children at Carshalton, a pioneer unit which has been working for about four years (the subject of an article in a former issue of this journal by Mrs. Collis).

One of the physiotherapists and one of the occupational therapists on the staff of St. Margaret's School have recently been in the U.S.A. to study the treatment carried out at the Children's Rehabilitation Institute, a centre near Baltimore, set up by Dr. Winthrop M. Phelps, who initiated much of the cerebral palsy treatment being carried out in the States. A psychologist (appointed by the National Foundation for Educational Research) has also been in America to see the work being carried out at the chief centres there and will have a close contact with St. Margaret's and other similar schools which may be established.

Besides research into the problems and best methods of educating and rehabilitating children with this handicap, it is intended that the centre at Croydon shall also train workers to help to staff other centres which may later be opened in different parts of the country.

In December, the British Council for the Welfare of Spastics (and those with allied conditions) was formed under the chairmanship of Professor J. M. Mackintosh, Dean of Public Health at the London School of Hygiene and Tropical Medicine.

The Council has been assured of support from all the government departments concerned and is widely representative of educational, medical, social and local authorities' interests.

It will act as a central advisory, co-ordinating and consultative body for all activities in Great Britain and Northern Ireland directed to the welfare of children and adults who suffer from the disabling effects of cerebral palsy.

The Council is also interested in promoting the provision of special treatment and educational facilities and in fostering local associations of parents and others interested in the work. Further particulars of the Council may be obtained from Henry P. Weston, Esq., M.A., Hon. Organizing Secretary, British Council for the Welfare of Spastics, 34 Eccleston Square, London, S.W.1.

An Appeal

Copies of the Annual Reports of the Central Association for Mental Welfare, for 1923-4 (Tenth) and 1924-5 (Eleventh), are urgently required for binding.

If any reader happens to have these, they would be most gratefully received by the Librarian, 39 Queen Anne Street, London, W.1.

Hostel Treatment for the Delinquent Child

In a letter published recently in the *British Medical Journal*, Dr. Sessions Hodge (Psychiatrist, Somerset County Council) draws attention to the need for the scientific investigation of delinquency, referring to a paper read by him before the Electro-encephalographic Society in which he recorded that of a group of 63 cases referred from Courts of Summary Jurisdiction for examination. 36·5 per cent. might, on complete investigation, "be considered to suffer from epilepsy or 'epileptic equivalents'".

The value of treatment in a controlled environment for the delinquent child and the persistent offender may, in future, be recognized, but Dr. Sessions Hodge points out that the composition of such a controlled environment will be all-important and pre-eminently so in regard to the resident staff, in whose selection he expresses the hope that the advice of specially experienced psychiatric social workers may be sought.

Training for Mental Nursing

In 1945 the Athlone Report of the Inter-Departmental Committee on Nursing Services, made certain recommendations as to conditions of service, recruitment and training for mental nurses, particularly in regard to the existing examination system. These recommendations have now been put into effect, and henceforth no further candidates for training will be accepted by the Royal Medico-Psychological Association.

The responsibility for such training is being taken over by the General Nursing Council, and the names of all nurses holding the Final Certificate of the R.M.P.A. in Mental Nursing or Mental Deficiency Nursing will be entered on the State Register for England and Wales on applications received by the General Nursing Council on or before December 31st, 1951.

Training schools in England and Wales approved under the old system by the Royal Medico-Psychological Association will be approved, for the time being, by the General Nursing Council, although before final approval is given they will be subject to inspection by that body.

The effect of these new arrangements should help to break down the barriers which separate mental nurses from their colleagues in general hospitals, by bringing all types of nursing from henceforward, under one single training authority.

Convalescent Home for Epileptics

The fact that epileptics are excluded from ordinary convalescent homes and that no special accommodation is reserved for them, has long troubled social workers who will welcome the news that the National Association for Mental Health hopes to open within the next two or three months, a small Home in a beautiful part of Ashdown Forest (Sussex).

Adult epileptics of both sexes in need of convalescence on discharge from hospital after ordinary illness or in attendance as out-patients and needing rest and change, will be eligible for admission. According to present provisional estimates, the weekly cost per head will be three guineas and this must therefore be the fee chargeable. It is hoped, however, that a small fund may be available for meeting the needs of really necessitous cases. The normal length of stay will be one month. Parties of men and women respectively will be received in rotation.

Further particulars may be obtained from the National Association for Mental Health, 39 Queen Anne Street, London, W.1.

NATIONAL ASSOCIATION FOR MENTAL HEALTH

FORTHCOMING ACTIVITIES

For Health Visitors and School Nurses

Course of Ten Lectures being given weekly by Miss Ruth Thomas, Chief Educational Psychologist, National Association for Mental Health, on "Problems of Parents and Young Children". This is a repetition of a similar Course given on a previous occasion and found to meet a real need.

For School Medical Officers

(in conjunction with the University of London).

Owing to the great demand, which made it impossible to accept all the applications for the Course held in September, 1946, two additional Courses are being arranged—the first from February 3rd to 21st, the second from April 28th to May 18th. Both Courses to be held at the London School of Hygiene.

For Children's Welfare Officers

Four Weeks' Course from March 3rd to 29th, 1947, at 39 Queen Anne Street, W.1, for officers of Local Authorities and Voluntary Associations concerned with the boarding out of children. The Course will follow the lines of the experimental one organized a year ago, which aimed at giving some insight into the problems presented by deprived children and into modern methods of dealing with them. (*See page* 78.)

For Staffs of Occupation Centres and "School" Departments of Institutions and for Home Teachers

Residential Refresher Course to be held at King's College Hostel, Vincent Square, Westminster, S.W.1, from April 19th-26th, 1947. Candidates for admission should have had at least two years' experience in the training of mentally defective children and priority will be given to those who were unable to attend the Refresher Course held in Birmingham last summer.

Further particulars of these Courses may be obtained from the Education Secretary, 39 Queen Anne Street, W.1.

For Teachers

At the request of the Ministry of Education, two parallel Short Courses for teachers of educationally subnormal children, each lasting three weeks, will be organized by the Association.

The first Course is to be held at St. Gabriel's College, Camberwell, London, from July 10th to 31st. The second Course it is hoped to hold in the North or Midlands in September.

For admission, teachers should apply to their own authorities by whom applications will be forwarded to the Ministry of Education.

International Congress on Mental Health, 1948

Plans are actively in hand for the holding of an International Congress on Mental Health to be held at the Central Hall, Westminster, from August 12th-21st, 1948. The Congress will comprise:

August 12th-15th, 1948. Morning Sessions.
International Conference on Child Psychiatry (under the auspices of the International Committee for Child Psychiatry).

August 12th-15th, 1948. Afternoon Sessions.
International Conference on Medical Psychotherapy (under the auspices of the International Federation for Medical Psychotherapy).

August 16th-21st, 1948.
International Conference on Mental Hygiene (under the auspices of the International Committee for Mental Hygiene with its incorporated and allied bodies).

The organization of the Congress is being undertaken for the International Committee for Mental Hygiene by the National Association for Mental Health.

The two Conferences of professional groups—The International Committee for Child Psychiatry and the International Federation for Medical Psychotherapy will deal with psychiatric problems, the main theme to be "Foundations of Mental Health in Childhood" and "Guilt". Membership of these two Conferences is limited to those who are medically and technically qualified and recognized non-medical psychotherapists nominated as Associates by national groups.

The Conference on Mental Hygiene, the theme of which will be Mental and World Citizenship, is open to members of all Mental Hygiene organizations and any other bodies whose interests are in any way related to this field, and will include for instance, psychiatrists, psychologists, sociologists, clergy, teachers, anthropologists, and those associated with public administration. In the case of individuals who wish to attend, but who are not members of any of these bodies, the Organizers of the Congress would like to be informed of their specific interests. Public meetings will be held in addition and will be open to those who are not actually members of any of the Conferences.

Keen interest in this project is being taken in a number of countries throughout the world, and it is expected that there will be large delegations from abroad. Special Committees have been formed

to deal with the arrangements, and technical groups, or "Commissions", are to be appointed to be responsible for each day's special topic. A printed brochure giving preliminary information regarding the programme arrangements will shortly be available and copies may be had on application to the Organizer, International Congress on Mental Health, 39 Queen Anne Street, London, W.1.

Reviews

Hypnoanalysis. By Lewis R. Wolberg, M.D. London: William Heinemann Ltd. 1946. Pp. 342. 21s.

The term Hypno-analysis, like its congener narco-analysis, is either a legitimate if somewhat misleading term, or it is a contradiction in terms. It is a contradiction in terms if it implies that a true psycho-analysis can be conducted in combination with a variety of hypnotic techniques. If, however, it merely indicates that an *ad hoc* "mental analysis" can be directed under such conditions, it is appropriate enough; although it may give rise to a misleading impression, namely that the analysis in question is psycho-analysis. Whatever "analytical" labels may be employed—convulso-analysis, pedagogic-analysis, exhortatory-analysis, occupational-analysis, selection-analysis, group-analysis, "active" analysis—the same distinction applies. In principle, there are only two forms of psycho-therapy—suggestion and psycho-analysis. Every so-called combination of psycho-analysis with non-analytical methods is a form of suggestion, even if employed by psycho-analysts.

Had the author of this book been content to use the term "analysis" in its popular sense, or, better still, had he frankly entitled the book, "The Technique of Hypnotic Suggestion", he would have done himself more justice. For he shows great skill and ingenuity in manipulating hypnotic rapport in the interests of rapid psycho-therapy. It is true that the devices themselves—trance induction, dream induction, automatic writing and drawing, and "conflict" induction—are not original; but the author's system of regulation, spacing and dosage, constitute a considerable advance in hypnotic treatment. I imagine this is as good a book on the manipulative aspects of hypnotic therapy as we are likely to see in a generation. For this reason, Dr. Wolberg's work is to be heartily recommended to those who have hitherto been content with hit or miss methods of hypnosis.

But Dr. Wolberg steers a more ambitious course. Obviously guided by his interest in psycho-analytical theory and, no doubt, encouraged by the work of several psycho-analytical colleagues, in particular Dr. Kardiner (who contributes a Foreword and a lengthier chapter of dynamic interpretation), he sets out to demonstrate in practice that psycho-analytical techniques are compatible with hypnotic procedures, and in theory that this compatibility is little short of an identity. Even Dr. Kardiner, who is at pains to distinguish between the methods, cuts the ground from this distinction by maintaining that an element of speed and directness is added to "unconscious" therapy *without altering its dynamics*.

Dr. Wolberg is well aware of the criticisms that may be directed at the theoretical part of his work. One cannot but recall that Freud himself, who foresaw the time when a mass demand for rapid psychotherapy would lead to various combinations of analysis and hypnosis, was under no illusion as to the nature of such combined methods, and that his last word on the subject was to the effect that the best way of shortening a psycho-analysis was to carry it out properly. The demand for short-term therapy has become more insistent since the war, and experience of short-term methods has shown clearly that history-analysis, symptom-analysis and life-problem-analysis, can be much more effectively employed if the therapeutist is thoroughly conversant with psycho-analytical technique, can assess the locus and nature of resistance, and has a flair for symbol-interpretation.

But the success of all this lies in the avoidance of transference analysis. Should a transference neurosis develop, it is left for all practical purposes untouched. Short-term analysis differs from other forms of suggestion in that the suggestions are based on analytic interpretation. In all other respects, it is a rapport-therapy. Judged by the standards of a true psycho-analysis, it belongs to the category of "wild analysis".

Herein lies the main danger of the methods described and of the title applied to them by the author. "Wild" analysis we are quite familiar with; it will soon be necessary to coin the term "wild hypnosis". For if the techniques applied by Dr. Wolberg were used by therapeutists unfamiliar with analytical values, they would be just as haphazard in direction and as uncertain in effect, as any other form of wild psychotherapy.

EDWARD GLOVER.

Psychology of Women. Vol. I. *Girlhood.* By Helene Deutsch, M.D. William Heinemann Ltd. Medical Books. 21s.

Throughout her career as a psycho-analyst, Helene Deutsch has been interested in the specific factors of female psychology and has written various papers on the subject. In this book the author makes the attempt to give a full picture of the emotional development of girls from prepuberty onwards. She illustrates her contentions by a richf case material, gained in part by the psycho-analytical method, in part taken from case histories of social agencies or out-patient departments; in addition to this she uses the analysis of works of fiction to prove her views.

In contradiction to the usual meaning of the term *prepuberty*, the author describes this phase of development as occurring between the ages of 10-12, before the influence of adolescence makes itself felt. During this phase the girl's ego becomes active in an attempt to master reality. There is a thrust away from the dependence on the mother, tomboyishness in some girls, exaggerated feminity in others; identifications with girl friends are formed which lead to very intensive, but not always lasting friendships. Sex activities confine themselves as a rule to curiosity, often shared with the girl friend. The author maintains that the motive force in this phase is the inherent urge to the ego to mature. Marked bi-sexual tendencies are characteristic of *early puberty*, owing to a revival of the childhood phase in

which there is a wavering in the choice between the two parents. Strong hetero-sexual tendencies arise in *puberty* and *adolescence* and are expressed very early in three cornered relationships, the brother of a friend being the love object. Very often the contact with the beloved person who fills the girl's day dreams is strictly avoided, as the realization of sexual urges seems still too dangerous. There is an increase of defence mechanisms against sexual urges and a tendency to sublimation much greater than in the adolescent boy. The author describes the unconscious motivation of attitudes in puberty, laying stress on the great ease with which identifications are being formed. This factor plays a role in the greater "intuition" of women as compared with men.

In the chapter on *menstruation*, the author stresses the importance of the subjective events connected with the first menstruation as they have the tendency to recur at every other menstruation. The fears and irrational ideas connected with this physiological onset of puberty are discussed and also the tendency to falsify later on, events relating to the first menstruation. In the following chapters, what the author calls the "*feminine core*" is closely investigated. Strong narcissistic tendencies develop as a result of a conflict between sexual instincts and the self-preservation power of the Ego. Woman's passivity is understood in the light of biology and the fact that in early childhood the organ of receptivity is not known to the little girl; she can therefore not gratify her excitement, and this leads to what the author calls the "genital trauma" in the girl. The development of masochistic tendencies is thought to be connected with the impossibility for the girl to live out her aggressive tendencies, which therefore are turned against the self. All these factors lead to one of the main characteristics of female psychology—to an elaboration in phantasy of erotic tendencies and a preparedness for sublimation.

In the chapter on the *masculinity complex*, it is shown amongst other things that active tendencies may lead to the best type of motherliness and only in some specific types, especially of intellectual women, are envy and imitation of men in the foreground.

Homosexuality seems often to be due not to a primary strength of masculine tendencies but to a deep fear of taking over the feminine role in a hetero-sexual relationship, and a subsequent regression to the early dependence on the mother.

In the last chapter the author discusses social trends in relationship to her views on female psychology.

It is difficult to do justice to the book in a short summary; its most positive aspect is certainly the masterly description and intuitive perception of clinical material, which will prove to be valuable and instructive for the psychiatrist as well as social workers and teachers.

As far as the author's theoretical deductions are concerned, one would wish for greater clarity even if it were at the cost of intuitive powers. Very little reference is made throughout the book to the work of other authors, and very rarely is there a clear distinction between generally accepted psycho-analytical theory and those ideas which the author considers to be her own. An exception to this is the author's controversy with the accepted theory of penis envy. Although the author suggests interesting alternatives in explaining certain factors of female psychology, her theoretical assumptions are not very convincing and would have to be substantiated much more systematically, including factors of early childhood development, before they could be accepted as an alternative theoretical possibility.

KATE FRIEDLANDER.

Juvenile Delinquency and the School. By W. C. Kvaraceus. World Book Co., New York. London Agents, Geo. G. Harrap & Co., Ltd. 12s. 6d.

The title of this book might suggest that here again is another on the subject of juvenile delinquency which, as in the case of so many before, describes a "fractional attack" on the problem. As a contrast, however, to the more usual segmental approach, influenced by prevailing trends of interest, this account of an attempt, and a surprisingly successful one, at a really constructive policy of prevention, not merely acknowledges, but maintains as a central guiding principle, the fact that "delinquency is a dynamic process of interaction between the total personality and the total environment".

The account of the quest for causes neglects neither the exogenous nor the endogenous factors. The conclusions reached that ". . . . the delinquent act itself may be relatively unimportant; it may have significance only as a symptom of a deeper maladjustment", serves as a basic principle underlying the development of the work of the Passaic Children's Bureau.

Duplication of existing services is not the aim of the Bureau. The contributions of education and welfare agencies are not merely acknowledged, but every effort is made to adapt and integrate, as far as possible, their methods and aims in a community-wide attack on the problems to which juvenile maladjustment gives rise.

The staff of the Bureau represents from various aspects the interests of the community and so includes representatives of education, health and social agencies, the police, child guidance and other bodies interested in the physical, social and intellectual development of young people. Without the active interest and support of these bodies, the work of the Bureau would not have progressed as it did.

The author does not deprecate the work of "co-ordinating councils" but from experience has found that such committees tend to have a rather "high mortality". It is for this reason that Mr. Kvaraceus considers that no agency is better adapted to preserve continuity in progress and maintain public interest and support than the school.

The study describes how investigations were made into such matters as the health history of families, their size, their economic and social status; the effects of broken homes and disharmony; school and work records and achievements and the intelligence of children whose difficulties brought them to the notice of the Bureau. The writer makes clear however, that the results of exhaustive inquiry indicated that the subjective elements in family life were found to have an even greater influence in many cases than those factors which lent themselves more readily to quantitative analysis.

Inevitably, to some extent, the work described re-emphasizes and corroborates the results of previous studies. Once again the fact that the percentage incidence of subnormal intelligence found was greater than that in a cross section of the general population is made clear; that serious educational retardation occurred almost three times as frequently and that truancy was five times as prevalent among these maladjusted children as among those who were socially more stable is also demonstrated.

An interesting feature of the report is that each of the factors investigated is assessed, not in isolation, but in relation to the situation as a whole. Throughout the development of the Bureau's work the emphasis and attack is upon the causes and not merely upon the symptoms of social maladjustment.

The account of the work in no way suggests that

further inquiry would be redundant. The author, as former Director of the Bureau, does not fail to point out that much work remains to be done. The book is written from a healthily self-critical standpoint. There is no attempt at suppression of data which does not fall in line with the principles which informed the work. Sufficient space is given to supporting statistics to illustrate the discussion, but quantitative assessment does not supplant the qualitative aspect.

The book offers stimulating and provocative reading. An ample bibliography is proved, though inevitably the references are mainly to publications which are at present difficult to obtain from U.S.A.

M.I.D.

The Autobiography of David. Edited by Ernest Raymond. Victor Gollancz, London. 1946. 7s. 6d. net.

This intensely human and at times moving document should be read by all psychiatrists, general practitioners, psychiatric social workers, Local Authority Mental Health Committee members and the framers of our new National Health Service. It contains the edited writings of a sufferer from a severe obsessive compulsive state, whose main symptoms are fear of open spaces, and a compulsion to indecent exposure—crippling to any form of social success—and yet that sufferer was for many years prominent in Fleet Street as the London Editor of a leading Scottish Daily paper, and was the founder of the "Arbitrate First! Bureau".

The book is remarkable for its obvious sincerity and its studied understatement even when the author appears to have legitimate cause for complaint. Its main professional interest lies in the sorry figure cut by our best therapeutic efforts, in fact the only doctor in the book who earns good marks is one who apparently did no more than encourage the author to carry on because "the sensitive always suffer".

However it matters little that one doctor could bolster up the patient platitudinously; whereas an unfortunate psycho-analyst, whose passion for truth outran his bedside manner, was the reverse of helpful. The point is that the entire system of doctors and hospitals completely failed to cope with this case, and the revelation of how some of them set about the task is painful to mental health workers.

Nor can we take refuge in the thought that most of this happened twenty to forty years ago. We believe that things are somewhat better now, but there is much to be done before we have any right to complacency. It is doubtful if a fellow sufferer of Mr. David ———'s in 1946 would find adequate treatment unless he happened to live in one of a few fortunate places or was financially well off.

Many may feel that this book does more harm than good by its damaging revelations and by undermining that delicate growth—public confidence in psychiatry and mental hospitals. But we must take our medicine and redouble our efforts to improve our methods, train more therapists and organize an efficient community care service and above all make preventive measures our top priority.

This is no book for the student of psychopathology—the author is not skilled in introspective analysis, nor has he much insight into the nature of his condition. The editing is most skilful as one would expect from Mr. Raymond, but the very fact of editing still further robs the book of interest to the analyst. As a description of symptoms it is very vivid, and the account of the impact of various hospitals on a sensitive intelligent man merits careful study. His years of solid achievement in spite of all must command respect and give his story an authority which it might otherwise lack. It is definitely a book for the humanitarian and for the professional mental health worker, and it is to be hoped that they, rather than a sensation-hungry section of the public will be the main readers. The text studiously avoids cheap sensationalism and is presented with dignity and restraint, but it undoubtedly contains inflammable material.

Not the least of the book's virtues is that it is very readable.

K.S.

Introduction to Present Day Psychology. By Curt Boenheim. Staples. 12s. 6d.

Any writer of an introduction to psychology is now faced with something of a dilemma. He can discuss fairly intensively certain basic problems and discoveries so as to make their nature clear to the ordinary reader, or he can make an all-embracing survey of the extensive field of modern psychology with illustrative reference to a landmark here and a signpost there. Dr. Boenheim has chosen the latter course. The book is based on a sessional course of 24 lectures he delivered to the W.E.A. at Reading University. In these lectures there was hardly a topic that was not touched upon—an Historical Survey, Animal Psychology, Kretchmer's Theory of Physique and Character, Child Guidance, and Industrial Psychology are only a few of the contents.

Further, these lectures have not been extended into a book; rather does one feel on reading, that the book is a collection of notes for the lectures, slightly embellished and put into literary form.

One would imagine then that this little book would read more like a syllabus for further reading than a self-contained outline of the subject. This is true up to a point. It is indeed a valuable blue-print, and I could think of no better reference to have by one's side when preparing a course of talks to the W.E.A. or any other body of students. But this is not the limitation of its merits. The material is expressed clearly, simply and yet accurately so that an intelligent reader can get an idea of what contribution psychology is making to modern knowledge and social progress.

For example, in a little less than a page Dr. Boenheim discusses the meaning and inter-relation of the Freudian concepts of the Ego, Super-Ego and the Id. This I would have believed an impossible task, but nevertheless the essentials are there expressed in the simplest language.

The whole of the various sections dealing with psychopathology and related subjects is praiseworthy. The matter is well illustrated with apt examples and there is much in the way of practical, sensible advice. Sometimes, however, a little unwarranted dogmatism occurs. Of bedtime stories one reads, "It is not a good practice to tell children stories before they go to bed; the imagination is stimulated and nightmares may result." This surely depends on the nature of the story. It is most important that a child should feel "good" before he goes to bed, and one of the ways of achieving this end is the attention of mother with a restful story during those last precious minutes.

It is a little unfortunate that the very fundamental problems of Instinct and Intelligence are compressed into a small chapter which is entitled "Psychological Terms". The section on "Intelligence and Tests" is excellent as far as it goes. However, I feel that the reader has to take just a little too much on trust and even

in a book of this brevity a little more might have been said about the nature of an Intelligence Test. The section on "Reflexes and Instincts" is less satisfactory. It is essential even to the beginner to distinguish between instinct as inherited behaviour mechanism, and the drive which initiates and sustains it. American psychologists have dropped the word instinct in its second connotation using "drive" or "unlearned motive". I think this should be mentioned, otherwise the elementary student tends to get involved in much lamentable confusion as he reads more widely.

Again it is confusing to regard a reflex as something lower in the scale of development than an instinct. It tends to create the view that an instinctive pattern of behaviour is synthetically produced from a series of reflexes, whereas in fact a reflex is probably a highly specialized reaction which has become differentiated out from simpler forms of purposive behaviour. How to put this over in simple language is somewhat of a puzzle, but either an attempt should be made or the whole subject is better left untouched.

The small chapter on "History" is interesting, but it is a pity that the man who did more than anybody to make psychology come alive for the intelligent layman, William James, is not mentioned; "great philosopher, great psychologist, great man", as McDougall described him.

However these are small matters and there is so much that is excellent in the book. Mention must be made of the first-rate bibliography. Not only is it comprehensive, but it has most helpful explanatory notes. There is one small but extraordinary slip—Erich Fromm's "Fear of Freedom" has attained the new and surprising nomenclature of "Freedom from Fear". If this is one of those intentional mistakes that conceal a wish, I am very sure it is one we all desire to make at this juncture of the world's history.

J.L.G.

Child and Adult Life in Health and Disease—*a Study in Social Paediatrics*. By W. S. Craig, B.Sc., M.D., F.R.C.P., F.R.S.E. With a Foreword by Professor Charles McNeil, M.A., M.D., F.R.C.P., F.R.C.P.E., F.R.S.E. E. & S. Livingstone Ltd. Pp. 667. 25s.

This volume has succeeded in getting right away from the austerity standards of wartime publishing. Printed on heavy glossy paper and lavishly illustrated with some 202 photographic plates and diagrams it comes as something of a shock to the reader inured to wartime conditions.

Professor McNeil states in his foreword "It covers the whole range of human needs throughout the span of child and adolescent life and describes how these needs have been supplied from 1600 to 1945". The second-half of the statement is perhaps more accurate than the first because the book does not deal at all with the intimate emotional needs of children, nor with day to day social relationships, but even omitting these vast subjects, the book still covers an enormous field and naturally does not entirely escape from being a catalogue.

The sub-title, "A Study in Social Paediatrics"—will mislead those interested in social psychology because there is a complete absence of reference to family life and the social inter-relations of children. The book, however, does set out very clearly the complexity of public and voluntary provision for children and also, by its very omissions, the shortcomings which it has taken a Curtis Committee to bring into the limelight.

The historical section makes fascinating reading and one regrets that this could not have been extended into a volume on its own. On present day provision the disadvantages of the catalogue strike forcibly and it is possible that many specialists will feel dissatisfield with the attention paid to their own particular part. For instance the absence of any reference to the work of the Central Association for Mental Welfare in the community care of mental defectives is a serious omission, and also child guidance and the emotional problems of children gets considerably less of a share than their incidence and importance deserve.

The last section contains many useful extracts from the law, and the references to hospitals and social agencies will be found of value so long as they remain up to date.

A number of blank pages are included for the reader's own notes, but the paper is so grand that it is doubtful whether many would dare to take advantage of this facility.

K.S.

Insight and Personality Adjustment. By Therese Benedek, M.D. Institute for Psycho-analysis, Chicago. The Ronald Press Company, New York. $4.00.

The first two parts of this book can be recommended to the careful study of all engaged in psychiatric work (both medical and social) with ex-service men and women, provided that the reader has a working knowledge of psycho-analytical theory. Thereafter the book suffers from anxiety to leave nothing out, which results in a certain scrappiness and also, to British readers intent on getting help for their own work, from differences of emphasis necessarily arising out of a study of American social conditions.

Part I contains a useful outline of individual emotional development and of the psycho-dynamics of separation. In the next nine chapters the author makes a penetrating study of the soldier and his family adjusting to war and to reunion, which should prove of great help in understanding his postwar problems. Since the material was apparently derived from civilian case work, the degree of insight into service psychology shown is remarkable. It is possible that the author underestimates the dynamic qualities of army society and its emotional satisfactions, but apart from this the emphasis is admirable.

Later chapters on civilian attitudes are less convincing to the British reader, because it is increasingly evident that the British civilian was much more personally identified with the war and its dangers than his American counterpart. To some extent the American civilian sense of separation has less significance here. An attempt to tackle the formidable subject of the change in sexual conventions and morality at the end of the book could scarcely hope to do more than scratch the surface. This section raises a curious nostalgic feeling in a Briton who may wonder where he has met it all before. Eventually memory recalls the aftermath of World War I, when the balance between the sexes in Britain was more disturbed than it appears to be at present. It is possible that Britain passed through at least some of the current American reactions, twenty-five years ago; and other differences can be accounted for by the fact that American society is by tradition relatively more matriarchal than British.

In spite of these minor disadvantages it is an excellent, worth-while and readable volume, and deserves popularity. Perhaps one more nationalistic comment will be forgiven: in the introduction (page 5) the author, apostrophizing American democracy, emphasizes the American lack of military tradition—the soldier's right to criticize—". . . in this—his highest value—his

political freedom, which he is fighting to preserve, is an added unique responsibility of the American soldier". It is an uniqueness which he shares with his allies from Australia, Canada, Great Britain, South Africa, New Zealand, Belgium, Czecho-slovakia, France, Holland, Norway, and, to some extent possibly India and China too. Certainly we from Britain claim a share.

K.S.

Handbook of Social Psychology. By Kimball Young, Professor of Sociology, Queen's College, New York. Kegan Paul. 1946. Pp. 578. 21s.

The need for a sound social psychology is becoming something in the nature of a necessity. The growing interest in social relations under the pressure of current events, the intrinsic development of psychology itself and the menace to Society from international crisis and the advance in technology, make it a matter of urgency that students of psychology and sociology should have a sound and guiding textbook which should shepherd them through the morass of researches and theories which have grown up during the last half a century. Dr. Kimball Young's book should have been a very timely publication. Does his attempt to bring together within the compass of one book of recent researches and views meet the needs of students?

Dr. Young, not unexpectedly, gives much credit to American pioneer work in the field of experimental and observational social psychology and it is true that many valuable researches have been carried out in the States through excellent team work. The author also gives due recognition to the work of MacDougall, and Freud's hypothesis regarding the Origin of Society and Social Ties is mentioned and the latter's psychopathology utilized for the explanation of the basic mechanisms of individual behaviour and their social reverberations.

The general pattern of the book tends to follow orthodox lines, starting with a consideration of the animal prototypes of human behaviour and followed by an account of the various patterns of personality in relation to culture. Logically, the section on Desires and Emotions should have preceded this, so that the later consideration of social cultural realities, Stereotypes and Myths, would have fallen into an easy sequence. The author's present arrangement may lead the student into some confusion of thought and the begging of many questions. For in the very nature of the subject it is still a matter for speculation and careful discussion of facts as to whether social or psychological criteria have priority or, as may well be, social requirements do not at all stages impose certain basic patterns upon human conduct.

The author's manner of dealing with his data is somewhat discursively descriptive and nowhere does he appear to seek for co-ordinating principles which would have bound the subject together, thereby giving it not merely cohesion but laying down a blue-print for further study and research. The whole book contains a wealth of material gathered from contemporary events and problems, as well as from specific researches and the studies of primitive societies. But we get the impression of a loosely patterned mosaic with little suggestion of the large and sweeping processes which dominate human behaviour unfolding itself in time and place. There are few vital subjects which the book does not deal with, sometimes at great length, such as The Psychology of War and Revolution, Civilian Morale and Forms of Mass Behaviour, Fashion, Public Opinion and Propaganda. Because of its chatty and discursive style, it is eminently readable and entertaining. It is true that the kaleidoscope of human social life presents a bewildering, changing pattern, but we are not likely to further social research and forge an instrument for social improvement by presenting a glorious technicolour film of the social scene. The present book would have served a much more useful purpose if some matter were cut down and formal discussion of fundamental principles were put forward, even if tentative in nature.

The book can certainly be recommended for the valuable bibliographies attached to each of the chapters.

EMANUEL MILLER.

Abnormal Behaviour. By R. G. Gordon, M.D., D.Sc., F.R.C.P.(Ed.). Medical Publications Ltd., 47 Princes Gate, London, S.W.7. 5s.

Dr. R. G. Gordon is to be congratulated on the production of the book, *Abnormal Behaviour*. In his preface he states that he is indebted to Mr. Alec Paterson, H.M. Officer for Prisons, for the suggestion that the book should be written, and it is a certainty that many lay workers in the field of abnormal behaviour will be similarly indebted.

The book is particularly well written, with its chapters on normal behaviour and then contrasting chapters on the abnormal types, certain habits, asocial behaviour, mental deficiency, and an outline of treatment. In addition, there is a most useful glossary at the end of the book.

The reviewer looking at the book from the point of view of those for whom the volume is intended, was pleasantly surprised, found it interesting, stimulating and particularly clear in its presentation of a difficult and complex problem. Readers will find that it brings together in a particularly happy way the various concepts, schools of thought and modern trends, and it can be thoroughly recommended as a sure foundation for further study; indeed many lay workers will find in it all that they require, but it will be difficult for them not to be stimulated by the book to delve further into this interesting field.

A.S.

Living Together Again. By Phoebe and Laurence Bendit. National Magazine Co. Ltd., 23-30 Grosvenor Gardens, S.W.1. 2s. 6d.

This little book is, in its matter, a very welcome addition to the too short list of reading matter, suitable for intelligent young adults faced with domestic problems in their own lives. Unfortunately in its form and appearance it is unattractive. The producers have obviously—and rightly—been concerned to keep the price down to a minimum, the paper is cheap and the print small and the cover design and title may mislead the unwary into thinking that the book belongs to the cheap sensational section of the bookstall. One feels that economy in this case has been carried to excess.

However, the contents are on the whole, excellent, and should prove very helpful to those whose emotional relationships have been interrupted by the war. The authors have successfully avoided jargon and the text is liberally supplied with illustrative case histories which are well chosen and written up clearly and interestingly.

A certain tendency to generalize, difficult to avoid in such a book, may mislead the better informed. For example on page 30, the age at which a father is said directly to influence his children is set several years later than most psychologists would agree to. Also

on page 20 there is a reference to a remark by an emminent non-psychological authority that "courage is like one's bank account and is paid out bit by bit in conditions of danger", which is just as misleading and untrue on repetition as it was on first formulation. However, these points do not detract from the main value of the book.

The appendix giving names and addresses of available services is a practical thought which one hopes will not have the result of overwhelming the already hard pressed agencies mentioned, but the books recommended for further reading could have been more representative and up to date.

K.S.

RECENT PUBLICATIONS

Books

PSYCHIATRY IN MODERN WARFARE. By Edward A. Strecker, M.D. and Kenneth E. Appel, M.D. Macmillan (N.Y.). 6s.

ESSENTIALS OF NEURO-PSYCHIATRY. A Text Book of Nervous and Mental Disorders. By David M. Olkon, M.D. Henry Kimpton. 22s. 6d.

PSYCHIATRY AND MENTAL HEALTH (Hale Lectures, 1932). By John Rathbone Oliver, M.D., Associate in History of Medicine, John Hopkins University, Baltimore. Charles Scribner & Sons. 10s. 6d.

SHOCK TREATMENTS AND OTHER SOMATIC PROCEDURES. IN PSYCHIATRY. By Lothar B. Kalinowsky, M.D. and Paul H. Hoch, M.D. Heinemann Medical Books Ltd. 21s.

STUDIES OF COMPULSIVE DRINKERS. Part I, Case Histories. Part II, Psychological Test Results. Edited by Jane F. Cushman, M.A. and Carbey Landis, Ph.D. Distributed by Quarterly Journal of Studies in Alcohol, Box 2162, Yale Station, New Haven, Connecticut, U.S.A.

CASE STUDIES IN THE PSYCHOTHERAPY OF CRIME. A Reference Source for Research in Criminal Material. By Ben Karpman, M.D., Senior Medical Officer, St. Elizabeth Hospital, Washington, D.C. Vol. II, Cases 6 to 9. Medical Science Press, 347 West 87th Street, New York 24.

THE PSYCHO-ANALYTICAL TREATMENT OF CHILDREN. By Anna Freud. Imago Publishing Co. Obtainable from H. K. Lewis & Co., 134 Gower Street, W.C.1. 10s. 6d.

*LIVING TOGETHER AGAIN. By Phoebe Bendit and Laurence Bendit, M.D. National Magazine Co. Ltd., 28 Grosvenor Gardens, S.W.1. 2s. 6d.

*INSIGHT AND PERSONALITY ADJUSTMENT. A Study of Psychological Effects of War. By Therese Benedek, M.D., Institute for Psycho-analysis, Chicago. Ronald Press Co., New York. $4.00.

PSYCHO-ANALYSIS AND ITS DERIVATIVES. By H. Crichton Miller. 2nd Ed. Oxford University Press. 3s. 6d.

*CHILD AND ADOLESCENT LIFE IN HEALTH AND DISEASE. By W. S. Craig. Livingstone. 25s.

THE ATTENDANT'S GUIDE. By Edith M. Stern and Mary E. Corcoran, Psychiatric Nursing Adviser, U.S. Public Health Service. Commonwealth Fund, New York, U.S.A., and Humphrey Milford, Oxford University Press. 3s. 6d.

* *Reviewed in this issue.*

MODERN MARRIAGE. By Edward Griffith, M.R.C.S., L.R.C.P. Methuen. 7s. 6d.

GROWING UP IN A MODERN SOCIETY. By Marjorie Reeves. University of London Press. 4s. 6d.

EDUCATION, CHRISTIAN OR PAGAN? By M. V. C. Jeffreys. University of London Press. 4s.

EDUCATION FOR WHAT? By John Mackay Mure, Bureau of Current Affairs, Carnegie House, 117 Piccadilly, W.1.

THE PSYCHOLOGY OF CHILDHOOD TO MATURITY. By J. Guilfoyle Williams, B.Sc. Heinemann. 8s. 6d.

METHODS AND EXPERIMENTS IN MENTAL TESTS. By C. A. Richardson, M.A. Harrap. 2s.

CRIMINAL JUSTICE AND SOCIAL RECONSTRUCTION. By Hermann Mannheim. Kegan Paul. 15s.

JUVENILE COURTS. THEIR WORK AND PROBLEMS. By F. T. Giles, LL.B. Allen & Unwin. 6s.

SELF. A STUDY IN ETHICS AND ENDOCRINOLOGY. By Michael Dillon. Heinemann Medical Books Ltd. 6s.

MUSIC IN HOSPITALS. By William van de Wall. Russell Sage Foundation, New York. $1.00.

FAMILIES IN TROUBLE. An Enquiry into Problem Families in Luton. By Charles G. Tomlinson, B.A., Senior Administrative Officer, Luton Public Health Dept. Gibbs Bamforth & Co. Ltd., Leagrave Press, Luton. 3s. 9d. post free.

DIFFICULT CHILDREN. A Series of Broadcast Talks on Child Problems. Littlebury & Co. Ltd., Worcester Press, Worcester. 7s. 6d.

DEEP ANALYSIS. The Clinical Study of an Individual Case. By Charles Berg, M.D., D.P.M. Allen & Unwin. 12s. 6d.

GROUP PSYCHOTHERAPY, THEORY AND PRACTICE. By J. W. Klapman, M.D. Wm. Heinemann. 21s.

TUTORING AS THERAPY. By Grace Arthur, Ph.D., Psychologist, St. Paul's, Minn. New York. Commonwealth Fund. $1.50.

THE DISTRESSED MIND. By J. A. C. Brown. Watts & Co. 2s. 6d.

Reports and Pamphlets

BOARD OF CONTROL. 32nd Annual Report for Year 1945. Part I. H.M. Stationery Office. 1s.

BOARD OF CONTROL. List of Certified Institutions, Certified Houses and Approved Homes for Mental Defectives. H.M. Stationery Office. 9d.

REPORT OF COMMITTEE ON SCOTTISH LUNACY AND MENTAL DEFICIENCY LAWS. H.M. Stationery Office. 2s.

MENTAL DEFICIENCY IN NORTHERN IRELAND. Report by the Mental Health Services Committee. H.M.S.O., Belfast. 1s.

REPORT OF CARE OF CHILDREN COMMITTEE. H.M. Stationery Office. 3s.

SCOTTISH HOME DEPARTMENT. Report of the Committee on Homeless Children. H.M. Stationery Office. 9d.

MEMORANDUM ON BOARDING OUT OF CHILDREN AND YOUNG PERSONS. Issued jointly by Home Office and Ministry of Health. H.M. Stationery Office. 4d.

MINISTRY OF HEALTH. Report by Chief Medical Officer on the State of the Public Health during Six Years of War. H.M. Stationery Office. 5s.

HOME OFFICE. Directory of Probation Officers, Homes and Hostels and Home Office Schools. 3s. 6d.

ASSISTANCE BOARD. Report for the Year ending 31st December, 1945. H.M. Stationery Office. 9d.

MINISTRY OF EDUCATION. Special Educational Treatment. Pamphlet No. 5. H.M. Stationery Office. 9d.

MINISTRY OF EDUCATION. List 42. Boarding Schools and Homes for Handicapped Pupils in England and Wales. H.M. Stationery Office. 6d.

PUBLIC ASSISTANCE (BOARDING OUT) ORDER, 1946. Provisional Regulations, dated December 7th, 1946. H.M. Stationery Office. 2d.

TRAINING FOR SOCIAL WORK. Papers by Professor T. H. Marshall and Dr. Charlotte Leubuscher, given at Nuffield College Conference, September, 1945. Oxford University Press. 2s. 6d.

INTELLIGENCE AND FERTILITY. By Cyril Burt, D.Sc. Hamish Hamilton. 2s.

THE PRACTICE OF SOCIAL WORK. Report of an Experimental Course of Training in the Practical Work Supervision of Students organized by British Federation of Social Workers. Obtainable from B.F.S.W., 5 Victoria Street, S.W.1. 1s. 6d.

REHABILITATION SHORT COURSE, OXFORD. May 14th to 16th, 1946. British Council for Rehabilitation, 32 Shaftesbury Avenue, W.1. 2s.

REPORT OF STANDING COMMITTEE ON REHABILITATION AND RESETTLEMENT OF DISABLED PERSONS. H.M. Stationery Office. 4d.

DEVELOPMENT OF SOCIAL SERVICE IN GREAT BRITAIN, 1939-1946. National Council of Social Service, 26 Bedford Square, W.C.1. 6d.

REPORT OF CONFERENCE ON PHYSICALLY HANDICAPPED YOUTH. March, 1946. After-Care Association, 2 Old Queen Street, S.W.1. 2s.

THE CHILD IN NEED OF PUBLIC CARE. Northumberland and Tyneside Council of Social Service, 17 Ellison Place, Newcastle-on-Tyne 1. 1s. 2d. post free.

HOW THE COURTS WORK. National Council of Social Service, 26 Bedford Square, W.C.1. 6d.

FOR THE PARENTS OF A MONGOL CHILD. Issued by Sunfield Children's Homes, Clent, near Stourbridge, Worcs. 1s. 6d.

WHAT IS CHILD GUIDANCE? By Lydia Jacobs and Daphne Phelps, Child Guidance Service, West Sussex County Council. Obtainable from Child Guidance Clinic, 47 West Street, Chichester, Sussex.

SOME ASPECTS OF FOSTER HOME PLACEMENT FOR DIFFICULT CHILDREN. Association of Psychiatric Social Workers, 4 The Drive, Acton, W.3. 6d.

INTERVIEWS WITH PARENTS IN A CHILD GUIDANCE CLINIC. By Noel K. Hunnybun and Lydia Jacobs. *As above.* 1s.

NATIONAL BOOK LEAGUE. Book List 208. British Social Services. 8d. post free. 7 Albemarle Street, W.1.

OUTLINE OF INDUSTRIAL WELFARE AND PERSONNEL MANAGEMENT. Industrial Welfare Society, 14 Hobart Place, S.W.1. 1s.

INSTITUTE OF PERSONNEL MANAGEMENT

We have been asked to publish the following statement to clear up a confusion of titles of which we regret to have inadvertently been guilty.—EDITOR.

DEAR SIR, Our attention has been drawn to page 45 of the July, 1946, issue of your magazine where you published a paragraph about the new British Institute of Management under the heading of "Institute of Labour Management".

This is to inform you that the title of this Institute was "Institute of Labour Management" until the first of July of this year, when it changed its name to the above. So far as we are aware there is no other Institute, in this country at any rate, which has carried the title of Institute of Labour Management, and as you will see our Institute was founded in 1913 and incorporated in 1924, and is the association of personnel officers employed in industry, commerce and public service.

Yours faithfully,
(*Signed*) E. B. SHARP,
Secretary, Institute of Personnel Management

70 Old Broad Street,
London, E.C.2.

NATIONAL ASSOCIATION FOR MENTAL HEALTH

Publications

Parent Guidance Pamphlets:

By Winifred Coppard, M.R.C.S., L.R.C.P.
No. 1. Breast Feeding.

By Ruth Thomas
No. 2. Habit Training.
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